

Name
in
Full

Lewis B Adam

CERTIFICATE OF DEATH

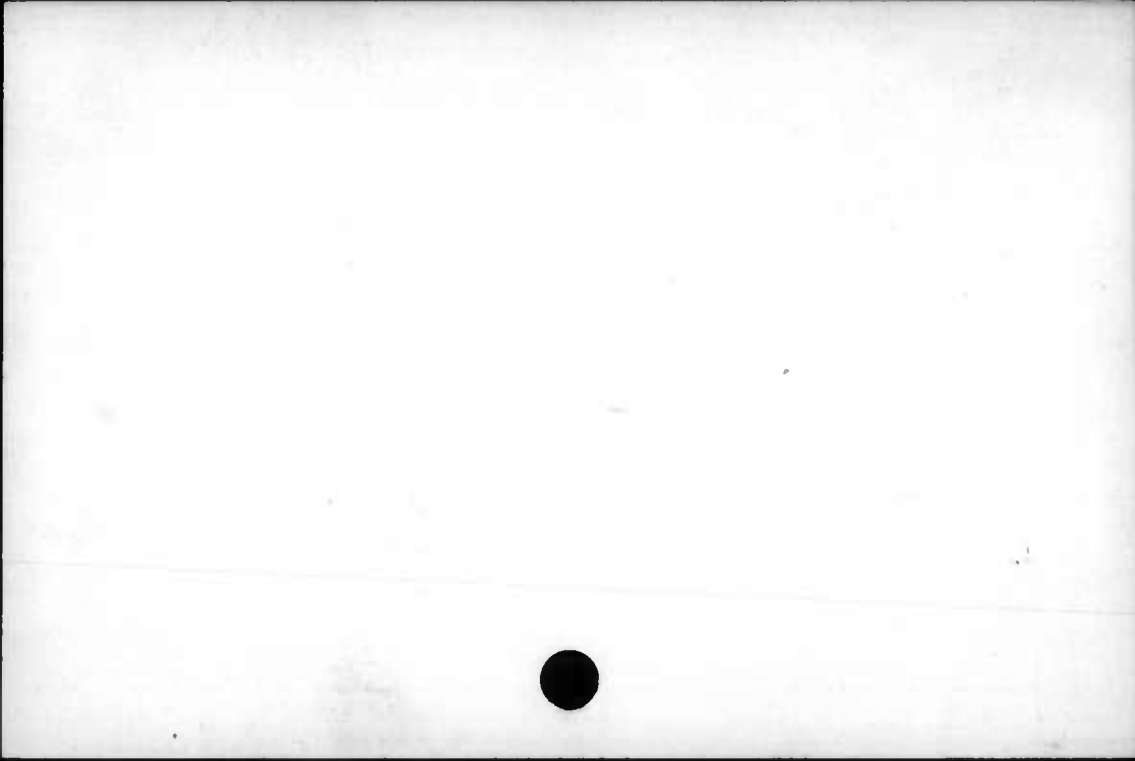
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|--|------------------------------|-----------------|---------------|
| Died at <i>Frederick</i> Town | | <i>Frederick</i> County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>13</i> | Age <i>35</i> | Months <i>9</i> | Days <i>2</i> |
| Sex <i>male</i> | Color or Race <i>White</i> | | Birth-place <i>Frederick</i> | | |
| Occupation <i>Tailor</i> | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Daisy Bunt</i> | | | | |
| Father's Name <i>John L Adams</i> | Father's Birthplace <i>Frederick Md</i> | | | | |
| Mother's Maiden Name <i>Susan Brunner</i> | Mother's Birthplace <i>" "</i> | | | | |
| Name of person giving information <i>Daisy Bunt</i> | | How related to deceased <i>Widow</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>General Tuberculosis</i> | How long <i>6 mos.</i> |
| Immediate <i>acute Nephritis, Coma</i> | How long <i>48 Hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Frank Hedges</i> |
| | Address <i>Frederick</i> |
| <input checked="" type="checkbox"/> Accident or Suicide? | |



Name
in
Full

Mary J Adams

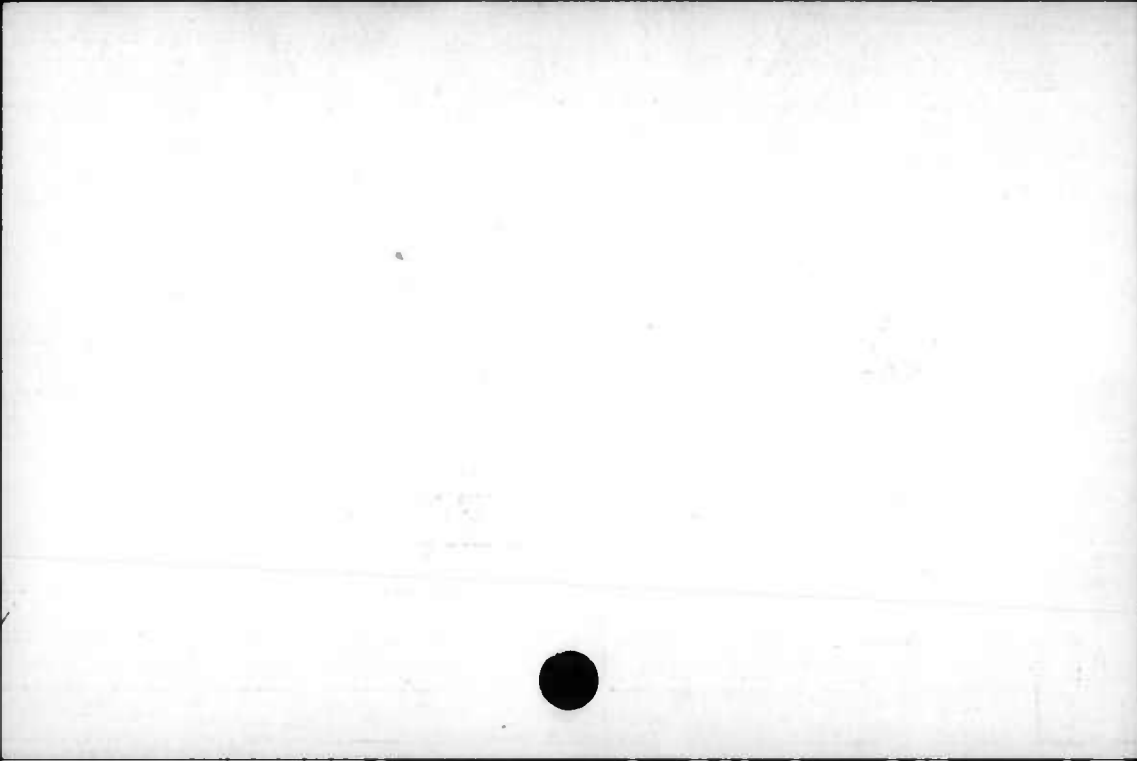
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-------------------------------|----------|---|----------|----------|-----------|
| Died at | | Town <i>Frederick</i> | | County <i>Frederick</i> | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| <i>1907</i> | | <i>2</i> | <i>1</i> | <i>76</i> | <i>-</i> | <i>7</i> | <i>13</i> |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Virginia</i> | | | |
| Occupation <i>—</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>—</i> | | | | Name of Wife or Husband <i>Oscar Adams</i> | | | |
| Father's Name <i>Henry Adams</i> | | | | Father's Birthplace <i>Maryland</i> | | | |
| Mother's Maiden Name <i>Priscilla McKenney</i> | | | | Mother's Birthplace <i>Virginia</i> | | | |
| Name of person giving information <i>Mrs G B Willard</i> | | | | How related to deceased <i>Daughter</i> | | | |

CAUSES OF DEATH

| | | | | | |
|-------------------------|--|------------------|--|----------|----------------|
| PHYSICIAN OR CORONER | Primary | <i>Paralysis</i> | <i>93</i> | How long | <i>4 years</i> |
| | Immediate | <i>Pneumonia</i> | | How long | <i>2 days</i> |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>T B Johnson</i> | | |
| | | | Address <i>Frederick, Md.</i> | | |
| Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

Mary Antisell

Town

County

Died at Montu Hospital

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Feb

20

Age

80

Sex

Female

Color or
Race

White

Birth-
place

Dublin Ireland

Occupation

Teacher

Where Residing if not
at place of death

Middletown

Married, Single
or WidowedMarried Wife or
HusbandFather's
Name

Christopher Antisell

Father's
Birthplace

Dublin Ireland

Mother's
Maiden Name

Margaret Scully

Mother's
Birthplace

Dublin Ireland

Name of person giving
information

Euphrasia Antisell Lemmon. Wife.

How related
to deceased

Wife.

CAUSES OF DEATH

Primary

Cerebral Hemiplegia

How long

18 hours

Immediate

Cerebral Apoplexy

How long

18 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

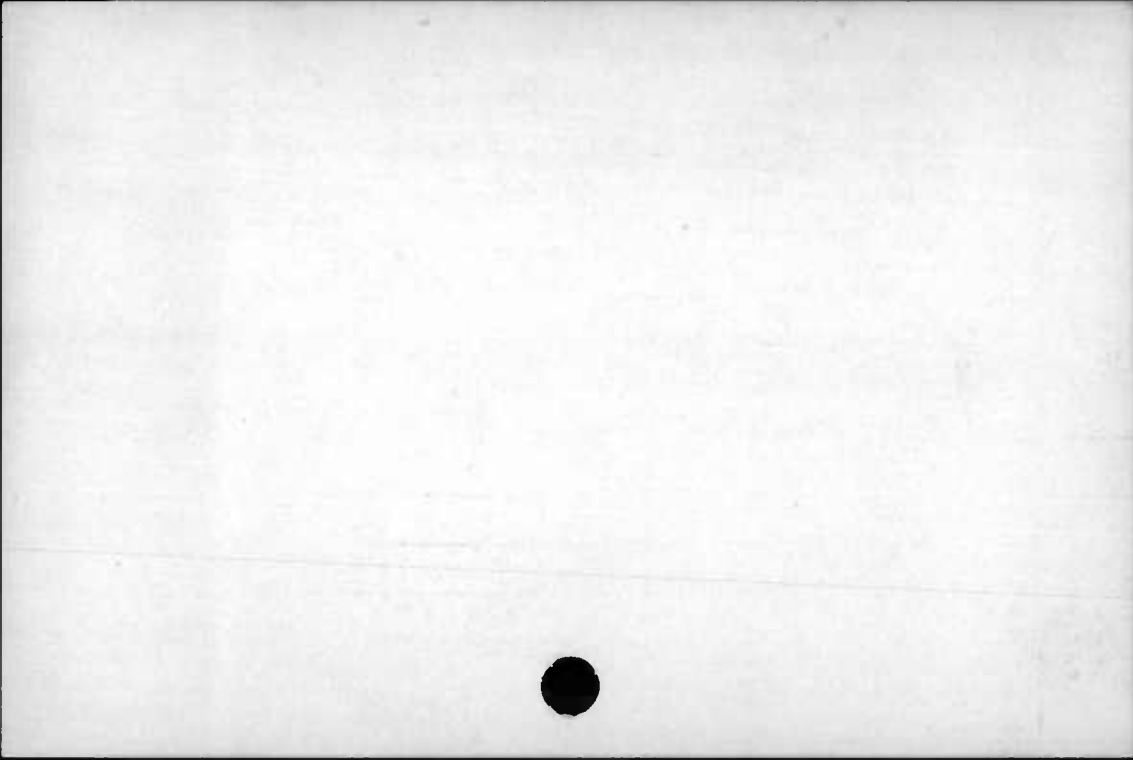
Address

R. S. Lysons.
Frederick,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Henrietta Marie Baden

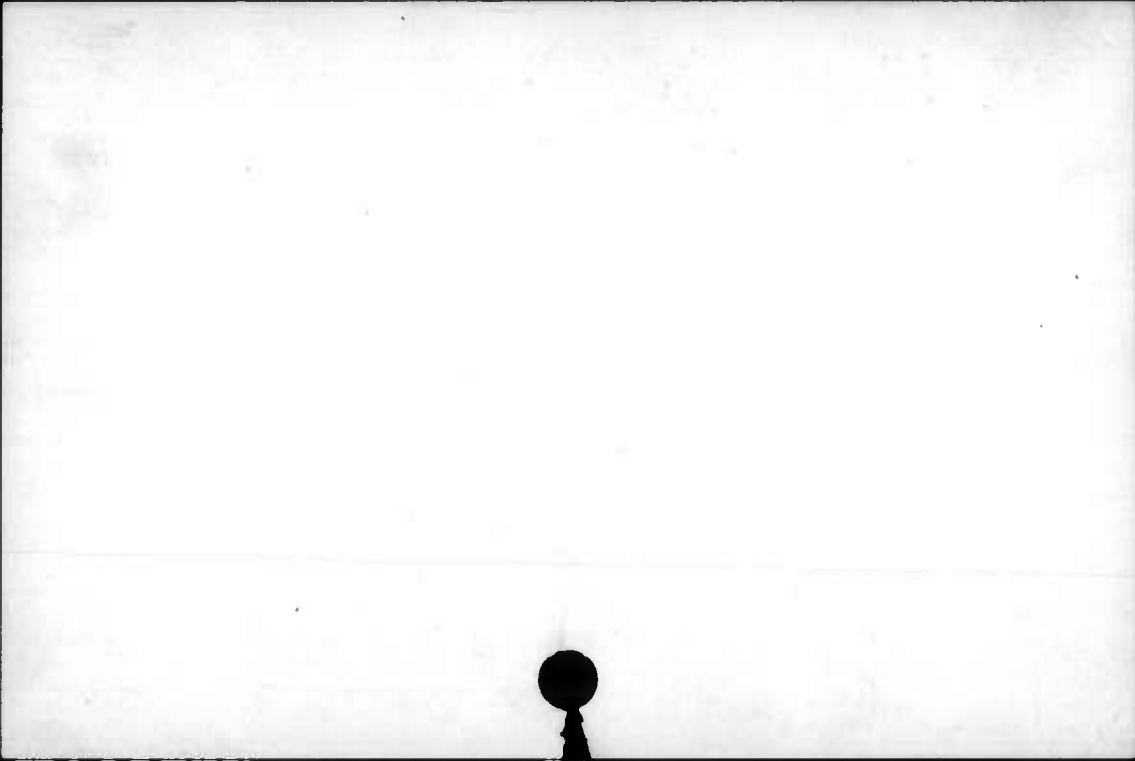
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|---|--|---|--|--|--|---------------|--|-----------------|--|---------------|--|
| Died at <i>Fredrick</i> | | Town <i>Fredrick</i> | | County | | MARYLAND | | | | | |
| Date of death <i>1907</i> | | Month <i>2</i> | | Day <i>27</i> | | Age <i>92</i> | | Months <i>6</i> | | Days <i>—</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | | | | | | |
| Occupation <i>—</i> | | | | Where Residing if not at place of death <i>—</i> | | | | | | | |
| Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband <i>John R Baden</i> | | | | | | | | | |
| Father's Name <i>John Hays</i> | | Father's Birthplace <i>Maryland</i> | | | | | | | | | |
| Mother's Maiden Name <i>Maria Leaker</i> | | Mother's Birthplace <i>—</i> | | | | | | | | | |
| Name of person giving information <i>Mrs JHC Keifer</i> | | How related to deceased <i>Niece</i> | | | | | | | | | |

CAUSES OF DEATH

| | | |
|--|--|-------------------------|
| PHYSICIAN OR CORONER <i>(1)</i> | Primary <i>Old age</i> | How long <i>Gradual</i> |
| | Immediate <i>General debility</i> | How long <i>Gradual</i> |
| | Are the name, age, sex, color, date and place correctly given above? | |
| | Signature of Physician <i>J. B. Johnson</i> | |
| Address <i>Fredrick Md</i> | | |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

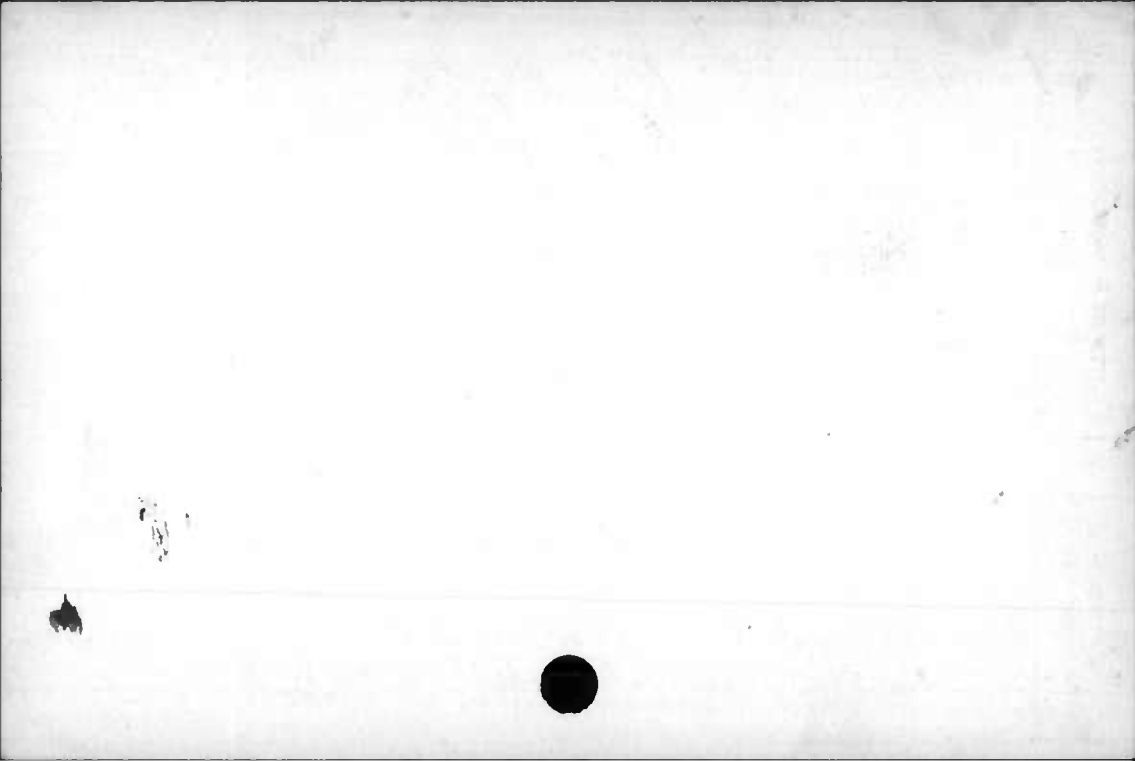
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|------------------------------------|--|--------------------------------|--|
| Name in Full <i>Mary Ann Beamer</i> | | Town <i>Point of Rocks</i> | | County <i>Frederick</i> | | MARYLAND | |
| Died at <i>Point of Rocks</i> | | Date of death <i>1907</i> | | Age <i>94</i> | | Months <i>6</i> Days <i>20</i> | |
| Sex <i>Female</i> | | Color or Race <i>Negro</i> | | Birth-place <i>Va</i> | | | |
| Occupation <i></i> | | Where Residing if not at place of death <i></i> | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>David Beamer</i> | | | | | |
| Father's Name <i></i> | | | | Father's Birthplace <i></i> | | | |
| Mother's Maiden Name <i></i> | | | | Mother's Birthplace <i></i> | | | |
| Name of person giving information <i>Albert Beamer</i> | | | | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>General Debility</i> | How long <i>Two months</i> |
| Immediate <i>Heart Failure</i> | How long <i>6 J. Goodlee. MD H.O.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Mr R. Etchison</i> |
| | Address <i>Undertakers Jefferson, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

Adela Gertrude Bell

Town

County

Died at Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

2

20

Age

40

—

18

Sex

Female

Color or
Race

White

Birth-
place

City

Occupation

House Wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Isaac A. Bell

Father's
Name

Ezra Rowe

Father's
Birthplace

Frederick, Md

Mother's
Maiden Name

Mary C. Landerskin

Mother's
Birthplace

— Md

Name of person giving
Information

Richard P. Rowe

How related
to deceased

Brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Double Pneumonia

How long

5 days

Immediate

Tuberculosis & Apoplexy

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

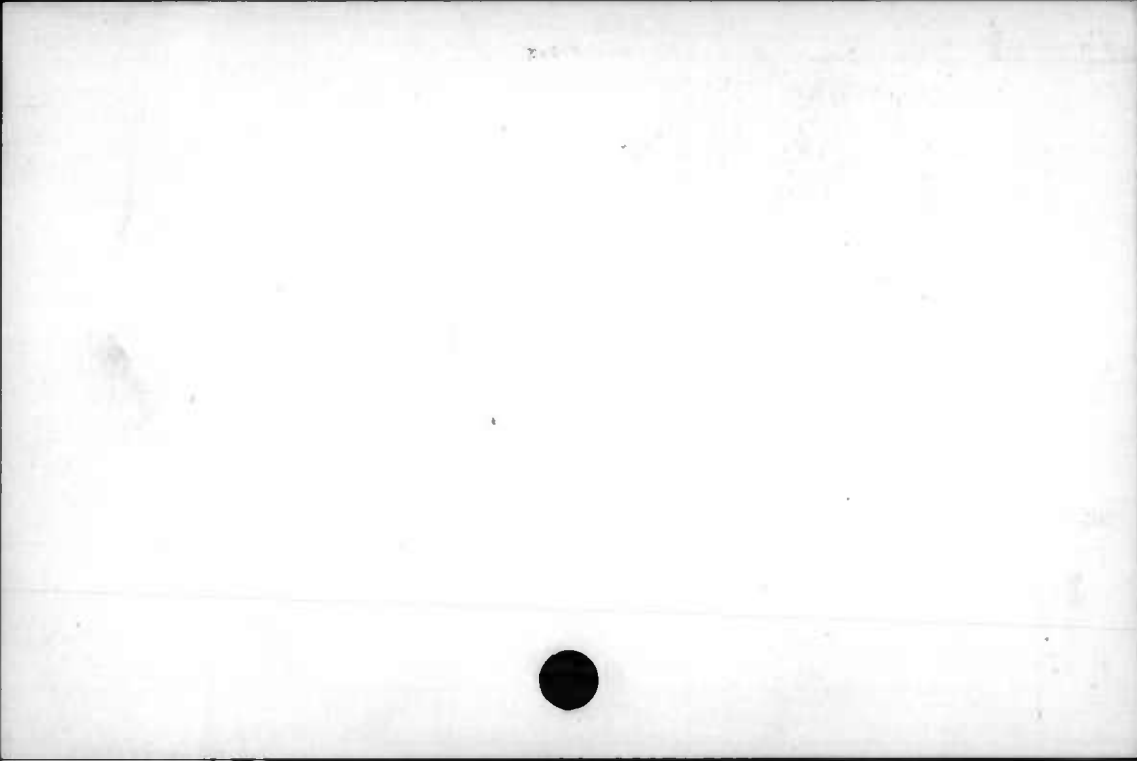
Address

S. J. Haffner M.D.
Frederick, Md.

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Fannie Evelyn Belt,
Died at ^{Town} Hopewell ^{County} Frederick

MARYLAND

Date of death 1907 Feb. 5th Age 77
Months Days

Sex Female Color or Race colored Birth-place Fredk Co. Md

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Husband = John G. Belt

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information ~~Alfred~~ Belt - How related to deceased Son -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

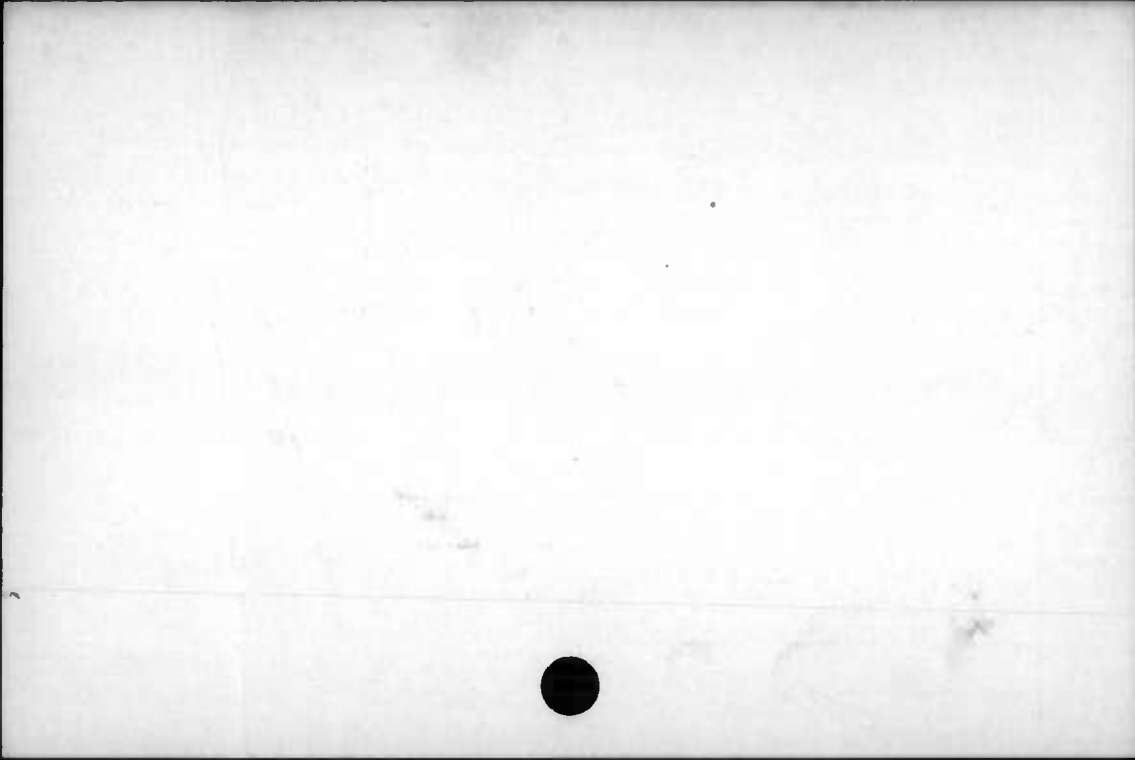
Primary How long

Immediate Pneumonia 93 How long 2 days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician E. E. Williams

Address Urbana Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

George Pontley Bently Jr.
Town Adamstown County Frederick

MARYLAND

Died at Adamstown
Date of death 1907 February 11
Age 105
Months three Days 15

Sex male Color or Race colored Birth-place Adamstown

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name George Pontley Bently Birthplace Virginia

Mother's Maiden Name Dora Hallman Birthplace Maryland

Name of person giving information Ann Hallman How related to deceased Grandmother

CAUSES OF DEATH

Primary _____ How long _____
Immediate acute intestinal indigestion 9 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Jos. G. Thomas
Address Adamstown, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Bob Early

Buried at Hope Hills

2/12 07

Name
in
Full

Allice Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|--|---|------------------|-------------------------|
| Died at <i>Frederick</i> Town | | Frederick County Frederick | | MARYLAND | |
| Date of death | <i>1907</i> | Month <i>2</i> | Day <i>9</i> | Age <i>54</i> | Years Months Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Frederick</i> | | |
| Occupation <i>Housekeeper</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Jacob M Bentley</i> | | Father's Birthplace <i>Frederick Md</i> | | | |
| Mother's Maiden Name <i>Annie M Metzger</i> | | Mother's Birthplace <i>" "</i> | | | |
| Name of person giving information <i>Katie Bentley</i> | | How related to deceased <i>Cousin</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Shock -</i> | How long |
| Immediate <i>(found dead)</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>R. S. Lyons</i> |
| | Address <i>Frederick, Md.</i> |
| Accident or Suicide? <i>Leaves</i> | |

The causes of death
are the same given
as a result of ~~the~~
inquest by the Coroner,
His body was found
in a house - 3-4 days
after death -

Name
in
Full

Charles Benty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|--|-----------------|----------|------|
| Died at <i>Frederick</i> <small>Town</small> | | <i>Frederick</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>9</i> | Years <i>58</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Frederick</i> | | | |
| Occupation <i>Retired</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Jacob M Benty</i> | Father's Birthplace <i>Frederick Md</i> | | | | |
| Mother's Maiden Name <i>Annie M Metzgar</i> | Mother's Birthplace <i>" "</i> | | | | |
| Name of person giving information <i>Katie Benty</i> | How related to deceased <i>Cousin</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary Cause <i>Grip & Pneumonia</i> | How long <i>last winter</i> |
| Immediate Cause <i>Cardiac Exhaustion</i> | How long <i>unknown</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>H. S. Lyons</i> |
| | Address <i>Frederick Md</i> |
| Accident or Suicide? | |

The cause of death
~~was~~ the cause found
by a coroners inquest.
This body was found
in a house 3-4 days after
death.

Name
in
Full

Rosa B. Blank.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|-----------------------------|--------------|-----------------|---------------|
| Died at ^{near} <i>Shookertown</i> Town | | County <i>Frederick</i> | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>26</i> | Age <i>—</i> | Months <i>5</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birthplace <i>F. Co. Md</i> | | | |
| Occupation <i>—</i> | Where Residing if not at place of death <i>Same</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>Lewis F. Blank.</i> | Father's Birthplace <i>F. Co. Md</i> | | | | |
| Mother's Maiden Name <i>Bertie E. Summers</i> | Mother's Birthplace <i>" " "</i> | | | | |
| Name of person giving information <i>Mr. Blank.</i> | How related to deceased <i>Uncle</i> | | | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <i>Double Pneumonia</i> | How long <i>3 days</i> |
| Immediate <i>Asphyxia</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Frank H. Hedges</i> |
| | Address <i>28 W. Patrick City</i> |
| Accident or Suicide? <i>—</i> | |

PHYSICIAN
OR CORONER
1

1
Do Hedges
Mrs Miller

Interment at Doubs Cemetery

" Feb 27.

Name
in
Full

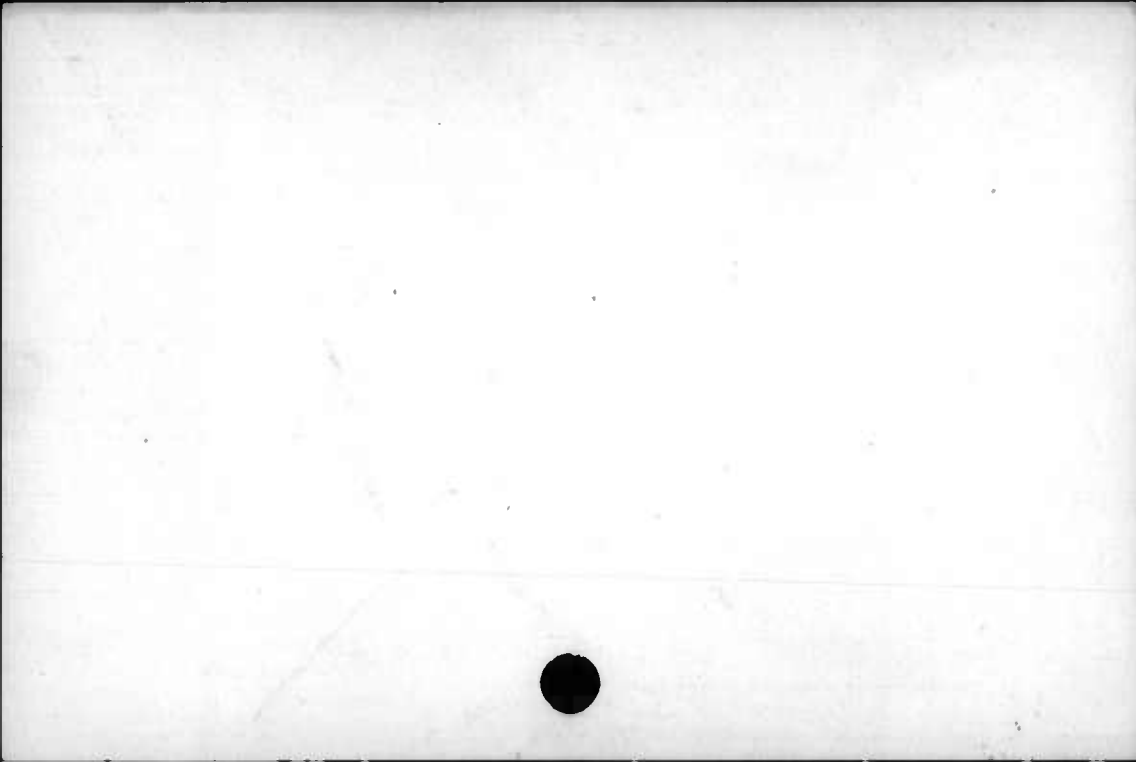
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|----------------------|--------------------------|----------------------------|--|-----------------|----------------------------|--------------------|
| Died at | | Town <i>Ladysburg</i> | | County <i>Fredrick</i> | | MARYLAND | |
| Date of death | | 1907 | Month <i>Feb.</i> | Day <i>11</i> | Age <i>7</i> | Months | Days |
| Sex | <i>male</i> | | Color or Race | <i>white</i> | | Birth- place | <i>oakhill</i> |
| Occupation | <i>none</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | <i>---</i> | | Name of Wife or Husband | | | | |
| Father's Name | <i>Era Boozer</i> | | | | | Father's Birthplace | <i>don't know.</i> |
| Mother's Maiden Name | <i>Clara Barrick</i> | | | | | Mother's Birthplace | <i>don't know.</i> |
| Name of person giving in formation | <i>---</i> | | | | | How related to deceased | <i>---</i> |

CAUSES OF DEATH

| | | | |
|---|-------------------|---------------------------|---------------------------|
| Primary | <i>Pneumonia</i> | How long | <i>about 2 weeks</i> |
| Immediate | <i>Pneumonia.</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes.</i> | Signature of Physician | <i>R. L. Hammond</i> |
| | | Address | <i>Woodsboro, Md.</i> |
| Accident or Suicide? | <i>---</i> | | |

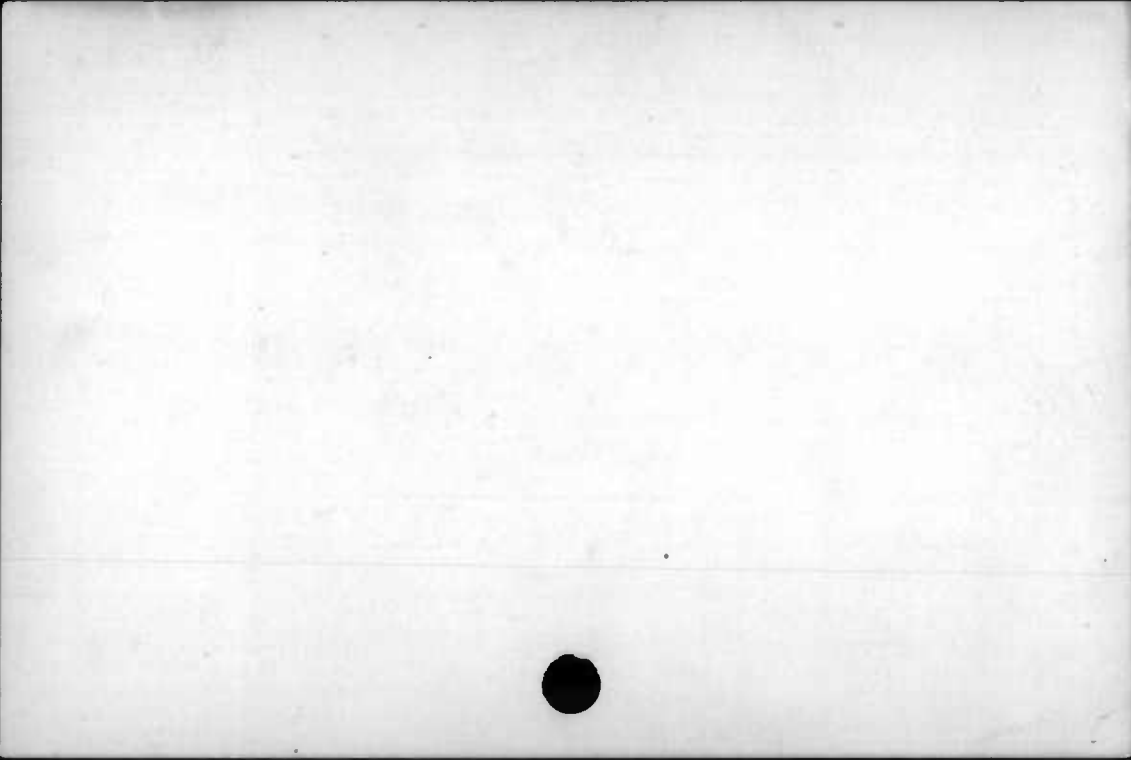


| Name in Full | | Town | | | | County | | STATE | |
|--|--|---|--|--------------|--|----------|--|-------|--|
| John Boston Jr | | Liberty Town | | Frederick | | MARYLAND | | | |
| Died at | | Date of death | | Month | | Day | | Years | |
| 1907 | | Feb | | 10 | | Age | | 88 | |
| Sex | | Color or Race | | Birth-place | | Months | | Days | |
| Male | | White | | Frederick Co | | -9 | | -5 | |
| Occupation | | Where Residing if not at place of death | | | | | | | |
| Miller | | | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | | | |
| Married | | Elizabeth C Smith | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | | | |
| Andrew Boston | | Frederick Co | | | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | | | |
| Barbara Boston | | Frederick Co | | | | | | | |
| Name of person giving information | | How related to deceased | | | | | | | |
| John Boston Jr | | Son | | | | | | | |
| CAUSES OF DEATH | | | | | | | | | |
| Primary | | How long | | | | | | | |
| Cerebral Hemorrhage | | 64 | | 4 days | | | | | |
| Immediate | | How long | | | | | | | |
| Pneumonia in Brain | | 4 | | " | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | | | | | |
| Yes | | Address | | | | | | | |
| | | Liberty Town | | | | | | | |
| | | Md | | | | | | | |
| Accident or Suicide? | | | | | | | | | |
| | | | | | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Vernon Eugene Bostian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|------|---------------------|----------------------------|--|---|----------------------------|-------------|
| Died at | | Town Good Intent | | County Frederick | | MARYLAND | |
| Date of death | 1907 | Month Feb. | Day 16 | Age Years | 6 | Months | 10 |
| Sex | Male | | Color or Race | White | | Birth- place | Good Intent |
| Occupation | None | | | Where Residing if not at place of death | | Good-intent | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | | Isaac Lilliston Bostian | | Father's Birthplace | |
| Mother's Maiden Name | | | | Gertrude C. M. Hildebrand | | Mother's Birthplace | |
| Name of person giving In formation | | | | J. L. Bostian | | How related to deceased | |
| | | | | | | Father | |

CAUSES OF DEATH

| | | | |
|---|--|----------|--------------|
| Primary | Diphtheria Antitoxin - Septicemia - Erysipelas - Urticaria - Dermatitis - Symplicia - multiple or - mal ulcers - abscesses - Pharyngitis - Hepatitis - Jaundice - Duodenitis - Nephritis - Pneumonia - Exacerbation of - | How long | 4 1/2 months |
| Immediate | Asphyxia - Cerebro-spinal meningitis - Peritonitis - anoxicosis - Death | How long | 96 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Yes. | |

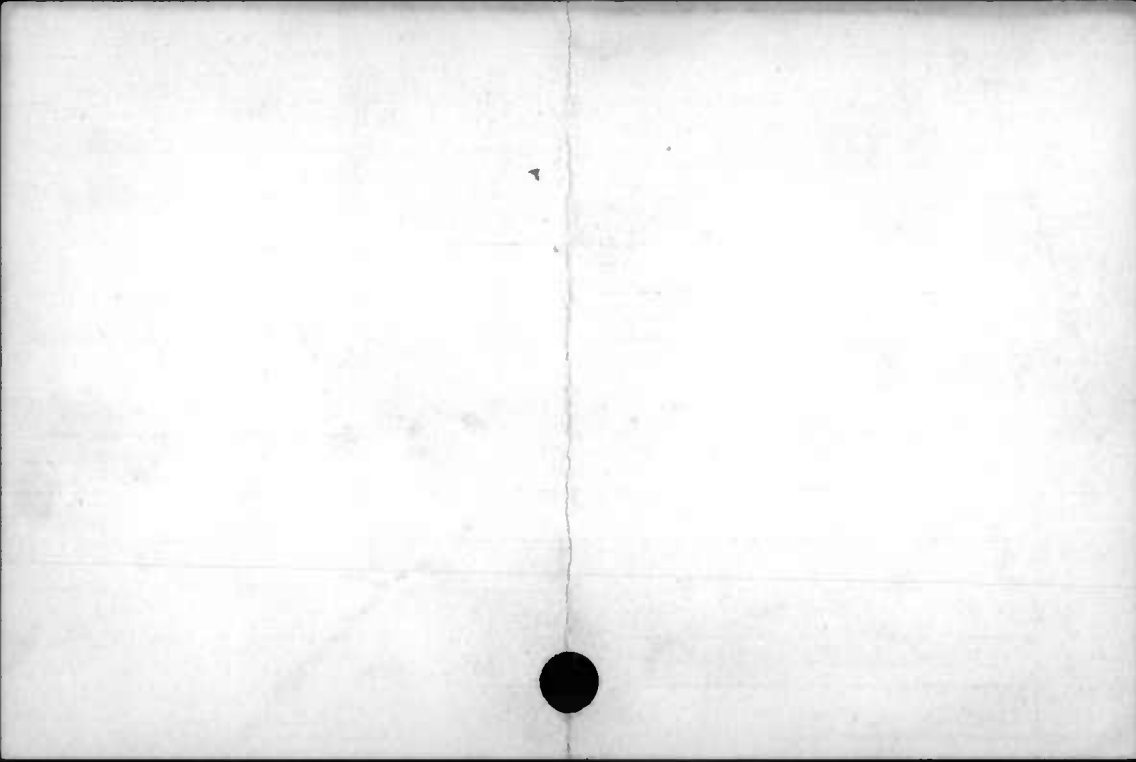
PHYSICIAN
OR CORONER

Address

R. L. Hammond
Woodsboro.
Md.

Accident or Suicide?

No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|--|--|--------------------|--|
| Name in Full <i>Mary Ellen Bowler</i> | | Town <i>Frederick</i> | | County <i>Frederick</i> | | MARYLAND | |
| Died at <i>Frederick</i> | | Month <i>2</i> | | Day <i>25</i> | | Years <i>68</i> | |
| Date of death <i>1907</i> | | Months <i>9</i> | | Days <i>5</i> | | | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Frederick Co. Md</i> | | | |
| Occupation <i>House Keeper</i> | | Where Residing if not at place of death <i>Same</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband _____ | | | | | |
| Father's Name <i>David Bowler</i> | | Father's Birthplace <i>F. Co Md</i> | | | | | |
| Mother's Maiden Name <i>Sophia Beckenbaugh</i> | | Mother's Birthplace <i>" " "</i> | | | | | |
| Name of person giving information <i>Nattie Rautzahn</i> | | How related to deceased <i>Niece</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

| | |
|--|--|
| Primary <i>Organic Heart Disease</i> | How long <i>6 Years.</i> |
| Immediate <i>Exhaustion</i> | How long _____ |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm G. McComas</i> |
| | Address <i>Frederick</i> |
| Accident or Suicide? _____ | <i>Md</i> |

Interment at Mt Olivet

"

Feb 28 -

Name
in
Full

Mary Brandel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

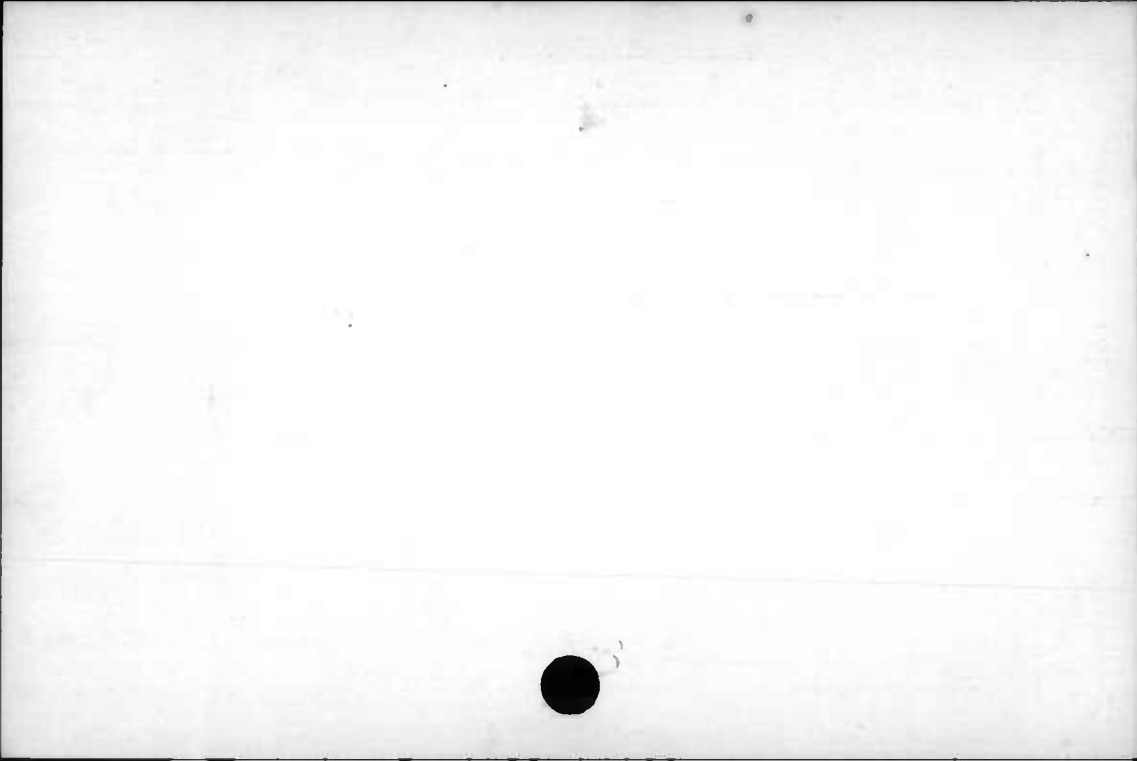
| | | | | | |
|---|------------------------------|-------------------------|---|-------------|---------|
| Died at <i>Emmitsburg</i> ^{Town} | | County <i>Frederick</i> | | MARYLAND | |
| Date of death | 1907 | Month | Feb | Day | 14th |
| Age | 77 | Years | | Months | 1 |
| Sex | Female | Color or Race | White | Birth-place | Germany |
| Occupation | Sister of Charity, Religious | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | 2 | |
| Father's Name | George Brandel | | Father's Birthplace | Germany | |
| Mother's Maiden Name | Margaret Bratting | | Mother's Birthplace | Germany | |
| Name of person giving information | Sister Bernadine Orendorf | | How related to deceased | Niece | |

R

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|------------------------|
| Primary | <i>Anasarca</i> | How long | <i>Three years</i> |
| Immediate | <i>Mitral regurgitation of the Heart</i> | How long | <i>Two weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>John B. Brannan</i> |
| | | Address | <i>Emmitsburg, Md.</i> |
| Accident or Suicide? | | | |



Name

In Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *George M. Brandenburg*
 Died at *Rocky Springs* Town *Frederick* County
 Date of death *1907* Month *2* Day *9* Age *81* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Id*
 Occupation *Farmer* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband
 Father's Name *Samuel Brandenburg* Father's Birthplace *Id*
 Mother's Maiden Name *Mary Ann* Mother's Birthplace *Id*
 Name of person giving information *Len* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* How long *154*
 Immediate *Paralysis of Brain* How long *24 Hours*
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *Frank Hedges*
 Address *Frederick*
 Accident or Suicide?

Middletown

Schroeder

Name
in
Full

Ann Catherine Burek

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|--|--------------------------------|------------------------------|
| Died at <u>Frederick</u> <small>Town</small> | | <u>Frederick</u> <small>County</small> | | MARYLAND | |
| Date of death | <u>1907</u> <small>Month</small> <u>Feb'y.</u> <small>Day</small> <u>11th</u> | Age | <u>77</u> <small>Years</small> | <u>5</u> <small>Months</small> | <u>7</u> <small>Days</small> |
| Sex | <u>Female</u> | Color or Race | <u>white</u> | Birth-place | <u>Middletown md</u> |
| Occupation | <u>Retired</u> | | Where Residing if not at place of death <u>at home</u> | | |
| Married, Single or Widowed | <u>Widowed</u> | Name of Widow Husband | <u>Lewis A. Burek</u> | | |
| Father's Name | <u>Jacob Staub</u> | | Father's Birthplace | <u>Pennsylvania</u> | |
| Mother's Maiden Name | <u>Catherine Little</u> | | Mother's Birthplace | <u>Littletown Pa</u> | |
| Name of person giving information | <u>L. A. Burek</u> | | How related to deceased | <u>Son</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|---|
| Primary | <u>Sallypiper</u> | How long | <u>10 days</u> |
| Immediate | <u>Exhaustion of respiratory centres</u> | How long | <u>2 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician | <u>J. A. Burek M.D.</u> |
| | | Address | <u>22 E. Church St.</u> <u>Frederick, Md</u> |
| Accident or Suicide? | | | |

$$\begin{array}{r} 1906 \\ 1829 \\ \hline 77 \end{array}$$

Name
in
Full

Josh Carter

CERTIFICATE OF DEATH

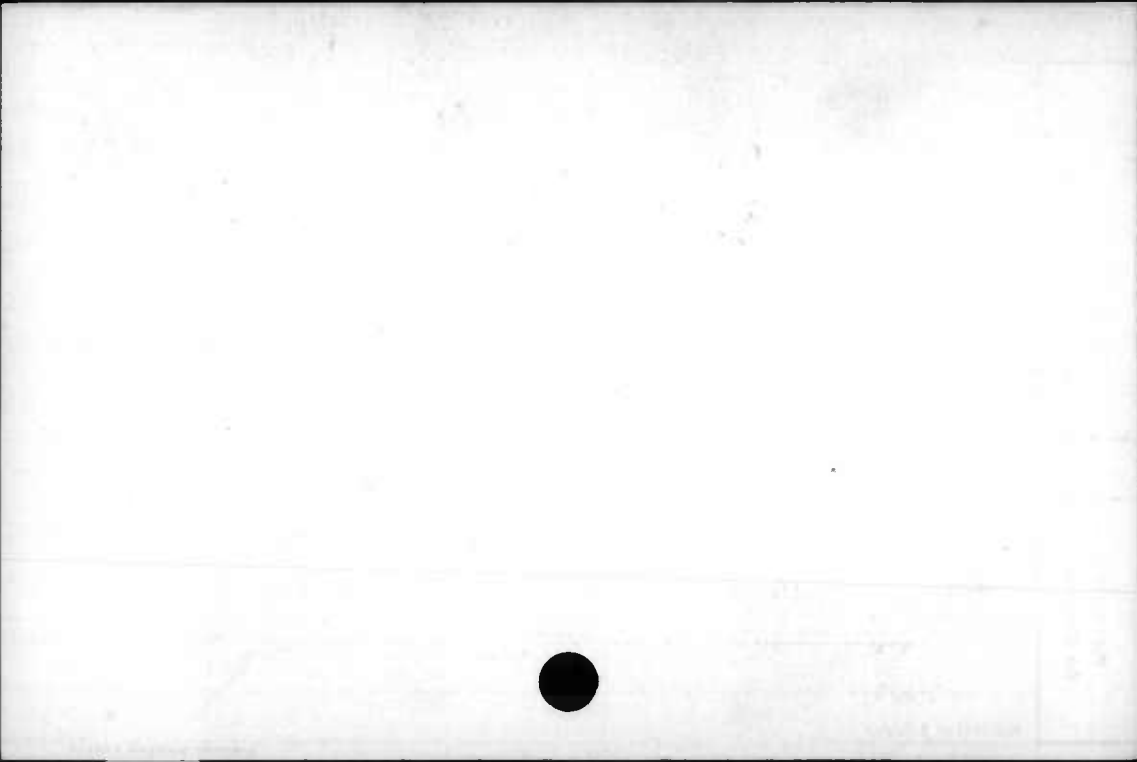
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|-----------------------------------|---------------|---------------|-----------------|
| Died at <i>Fredrick</i> ^{Town} | | <i>Fredrick</i> ^{County} | | MARYLAND | |
| Date of death | <i>1907</i> | Month <i>2</i> | Day <i>13</i> | Age <i>62</i> | Years <i>62</i> |
| Sex <i>male</i> | Color or Race <i>Black</i> | Birthplace <i>Ind.</i> | | | |
| Occupation <i>Laborer</i> | Where Residing if not at place of death <i>X</i> | | | | |
| Married, Single or Widowed | Name of Wife <i>Hannah Carter</i> | | | | |
| Father's Name <i>X X</i> | Father's Birthplace <i>X X</i> | | | | |
| Mother's Maiden Name <i>X X</i> | Mother's Birthplace <i>X</i> | | | | |
| Name of person giving information <i>Hannah Carter</i> | How related to deceased <i>Wife</i> | | | | |

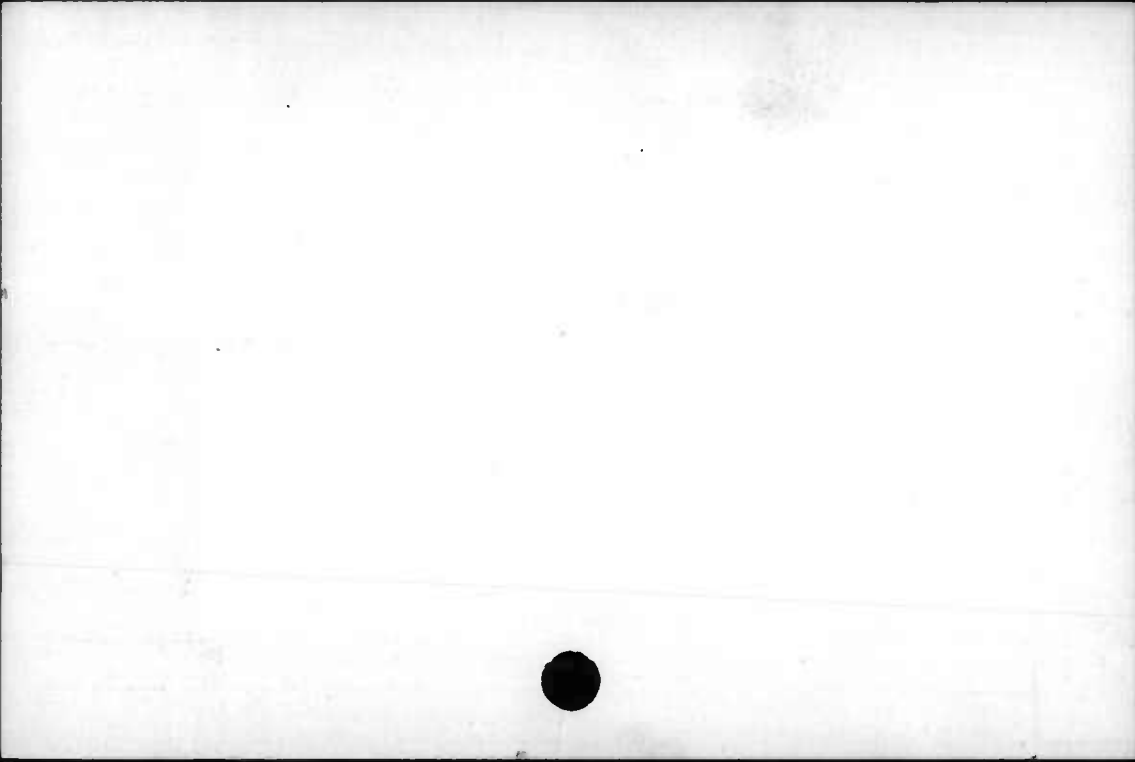
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Acute Bright's Disease</i> | How long <i>2 weeks</i> |
| Immediate <i>Exhaustion</i> | How long <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. L. Long</i> |
| | Address <i>City -</i> |
| Accident or Suicide? <i>X</i> | |



| Name in Full | | Richard Case | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|---|--------------|---------------------------|--|-------------------|----------------------|----------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Monticue | County Frederick | | MARYLAND | |
| | Date of death | | 1907 | Month 2 | Day 10 | Age 79 | Years Months Days |
| | Sex | | male | Color or Race | | white | Birth- place |
| | Occupation | | unknown | Where Residing if not at place of death | | Brimmfield, Ind. | |
| | Married, Single or Widowed | | widower | Name of Wife or Husband | | unknown | |
| | Father's Name | | unknown | Father's Birthplace | | unknown | |
| | Mother's Maiden Name | | unknown | Mother's Birthplace | | unknown | |
| | Name of person giving In formation | | Hospital Record | | | | How related to deceased |
| CAUSES OF DEATH | | | | | | | |
| 1 PHYSICIAN OR CORONER | Primary | | Genl debility | | | | How long |
| | Immediate | | Exhaustion | | | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | H. S. Lysons | | |
| | | | Address | | Frederick Ind. | | |
| | Accident or Suicide? | | | | | | |



Name
in
Full

Samuel T. Cecil

CERTIFICATE OF DEATH

near South Town

County

Died at Frederick

Frederick

MARYLAND

Date
of death 1907Month
2Day
6Age
80Months
10Days
25

Sex Male

Color or
Race WhiteBirth-
place Montgo Md.Occupation
FarmerWhere Residing if not
at place of death SameMarried, Single
or Widowed WidowerName of Wife or
Husband Margaret HefferFather's
Name William CecilFather's
Birthplace Montgo Md.Mother's
Maiden Name Lydia A. FeasterMother's
Birthplace " " "Name of person giving
In formation John T. CecilHow related
to deceased Son

CAUSES OF DEATH

Primary Senility

How long —

Immediate Influenza & Heart Failure

How long —

Are the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician Dr. Frank H. H. H.

Address Frederick

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Do. F. H. Hedges

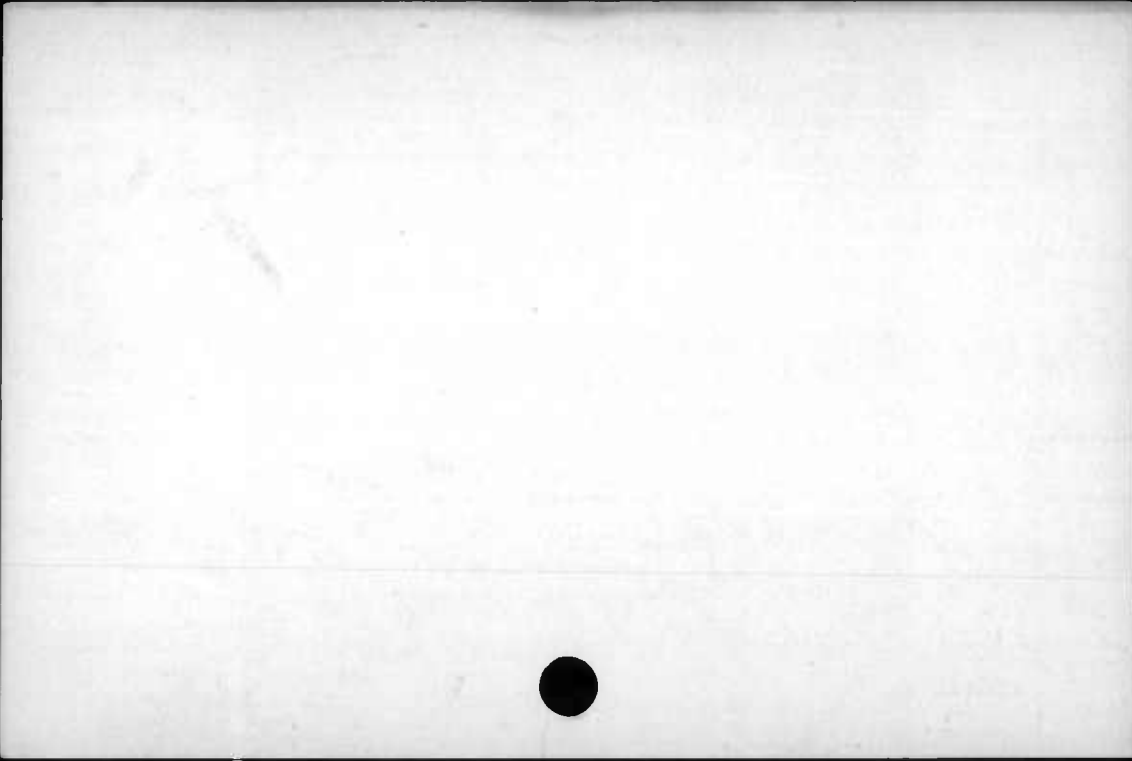
Mr Miller

Buried at Mt Zion - 9th

| Name in Full | | Certificate of Death | | | |
|---|--|---|------------|---|-----------|
| Mrs Susan Blinn | | Town Myersville | | County Frederick | |
| Died at | | MARYLAND | | | |
| Date of death | | 1907 | Month 2 | Day 18 | Age 70 |
| Sex Female | | Color or Race White | | Months 7 | Days 3 |
| Occupation Home Wife | | Where Residing if not at place of death Near Wolfville Md | | Birth-place Frederick Co Md | |
| Married, Single or Widowed Married | | Name of Wife or Husband Susan Blinn | | Father's Birthplace Frederick Co Md | |
| Father's Name Samuel Kesselring | | Mother's Maiden Name Kropfmecke | | Mother's Birthplace Frederick Co Md | |
| Name of person giving Information James H. Leone | | How related to deceased Not any | | | |
| CAUSES OF DEATH | | | | | |
| Primary Pneumonia | | (93) | | How long 9 days | |
| Immediate Asthma | | | | How long 2 days | |
| Are the name, age, sex, color, date and place correctly given above? Yes. | | Signature of Physician Ralph Browning | | Address Myersville, Md. | |
| Accident or Suicide? | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER
1



Name
in
Full

Mrs Lucy L - Comfort

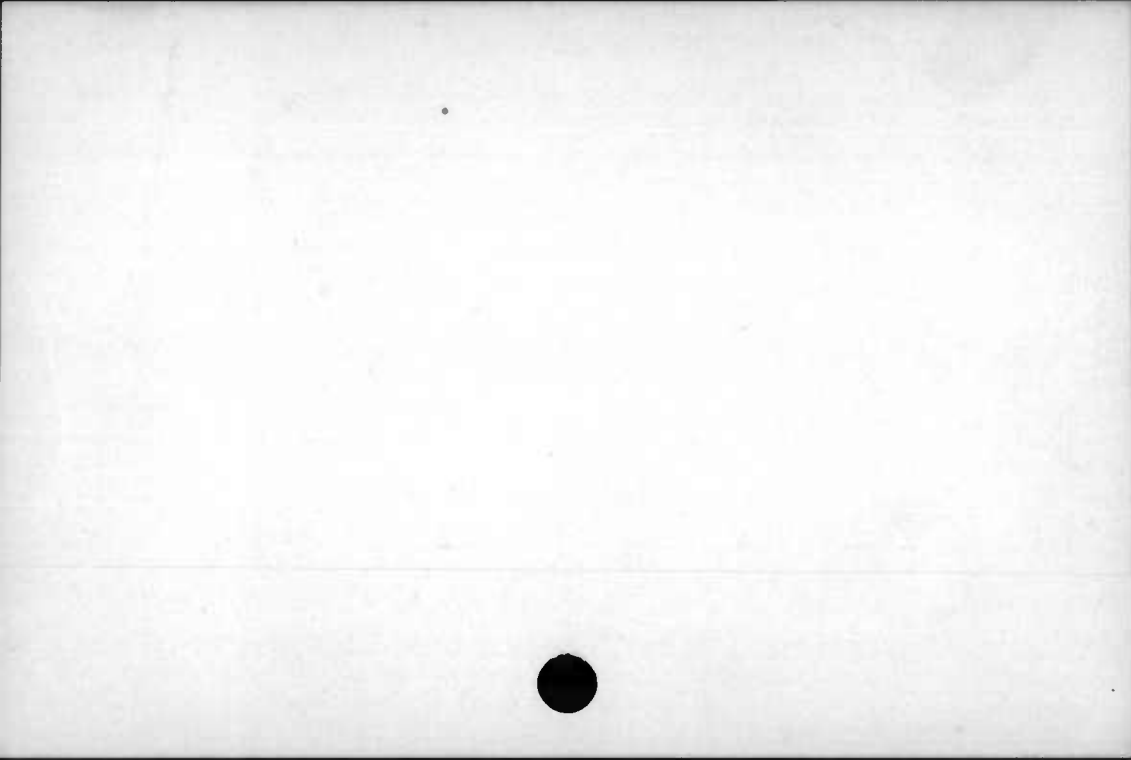
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|--------------------------|-----|---|--------|----------|--|
| Died at | | Town <i>Frederick</i> | | County <i>Frederick</i> | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1907 | | Feb | 2 | Age 42 | | | |
| Sex | | Color or Race | | Birth-place | | | |
| Female | | White | | MD | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| | | | | | | | |
| Married, single or divorced | | Name of Wife or Husband | | | | | |
| | | Harry | | Comfort | | | |
| Father's Name | | Father's Birthplace | | | | | |
| George Henry Lease | | X | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Catherine A. Haller | | X | | | | | |
| Name of person giving information | | How related to deceased | | | | | |
| Harry Comfort | | Husband | | | | | |

CAUSES OF DEATH

| | | | | |
|----------------------------------|--|----------------------------|---------------------------|---|
| PHYSICIAN OR CORONER 1 | Primary | <i>Phthisis Pulmonalis</i> | How long | ? |
| | Immediate | <i>Exhaustion</i> | How long | ? |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| | Signature of Physician | | <i>Wm. Crawford Buson</i> | |
| Address | | <i>Frederick</i> | | |
| | | <i>MD</i> | | |
| Accident or Suicide? | | <i>Neither</i> | | |



Name
in
Full

Joseph F. Conner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Branswell^{County} Frederick

Date of death 1907 Feb

Day 17

Age Years 16

Months

Days

Sex Male

Color or Race

White

Birth-place

Pa

Occupation

Painter

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

B. F. Conner

Father's Birthplace

Pa

Mother's Maiden Name

Francis G. Rockwell

Mother's Birthplace

Pa

Name of person giving information

B. F. Conner

How related to deceased

Father

CAUSES OF DEATH

Primary

Accident

Wren & Leg cut off by car

How long

Immediate

Shock + Hemorrhage

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Linn West

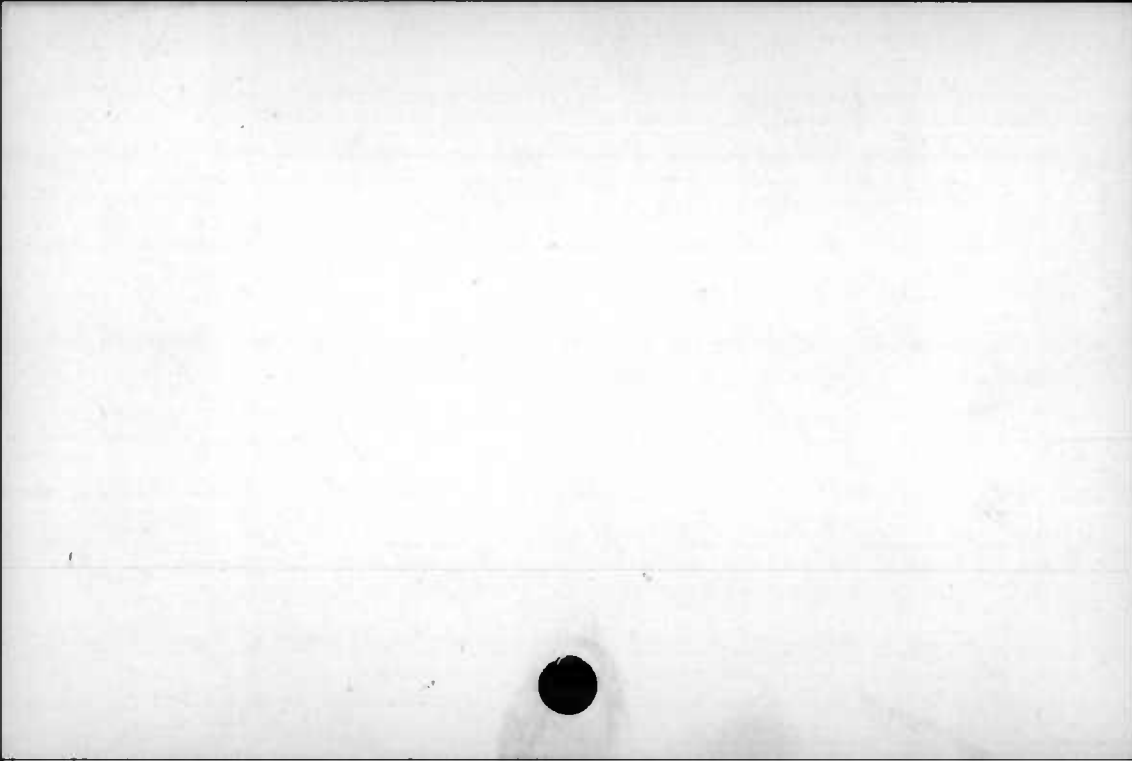
Address

13 Remondel

Frederick Co

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

Willard B. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------------------------|-------------------------|--|-------------------------|---------------------|
| Died at <i>Frederick</i> Town | | <i>Frederick</i> County | | MARYLAND | |
| Date of death | 1907 | Month | Feb | Day | 14 th |
| Age | | 28 | | Months | |
| Sex | Male | Color or Race | White | Birth-place | Frederick Co |
| Occupation | Worked on railroad | | Where Residing if not at place of death <i>Frederick</i> | | |
| Married, Yes | Yes | Name of Wife or | <i>Campsey m. Cook</i> | | |
| Father's Name | <i>Benjamin Cook</i> | | | Father's Birthplace | <i>Frederick Co</i> |
| Mother's Maiden Name | <i>Lizzie Shortman</i> | | | Mother's Birthplace | <i>" "</i> |
| Name of person giving information | <i>Harry M. Keller</i> | | | How related to deceased | <i>Full Cousin</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------|------------------------|------------------------|
| Primary | <i>Measles</i> | How long | <i>3 weeks</i> |
| Immediate | <i>Pneumonia, Laryngitis</i> | How long | <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>Frank H. Hedges</i> |
| | | Address | <i>Frederick Md.</i> |
| Accident or Suicide? | | | |

Wm. W. Schmitt

Name
in
Full

CERTIFICATE OF DEATH

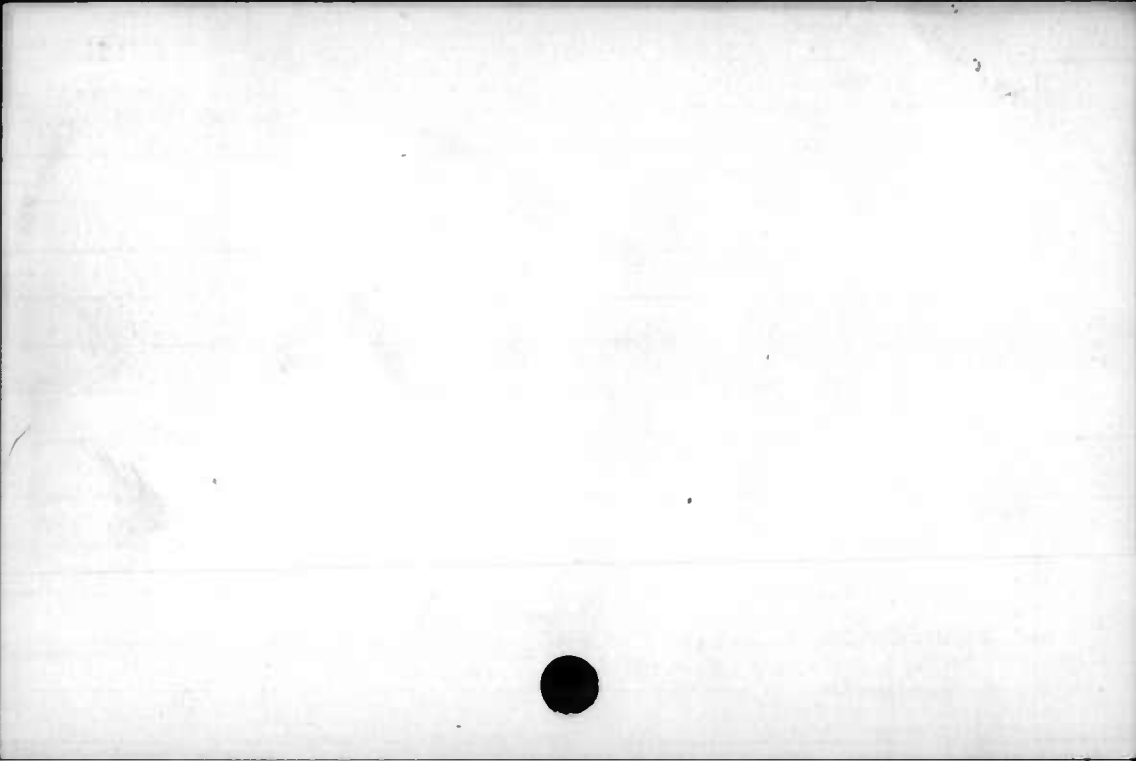
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|-------------------------------|---------------------------------|-----------------------------|---------------------------|
| Died at <i>Lewisburg</i> ^{Town} | | <i>Ford</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | <i>Jan</i> ^{Month} | <i>2</i> ^{Day} | Age <i>72</i> ^{Years} | <i>23</i> ^{Months} | <i>23</i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Ford Co. Md.</i> | | |
| Occupation <i>Housewife</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband <i>Jessie Coven</i> | | | | |
| Father's Name <i>Chas</i> | Father's Birthplace | | | | |
| Mother's Maiden Name <i>Morningstar</i> | Mother's Birthplace | | | | |
| Name of person giving information | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Paralysis</i> | How long <i>3 yr</i> |
| Immediate <i>Paralysis</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>E. D. Wrightman</i> |
| | Address <i>Lewisburg Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Helen Elizabeth Cramer

CERTIFICATE OF DEATH

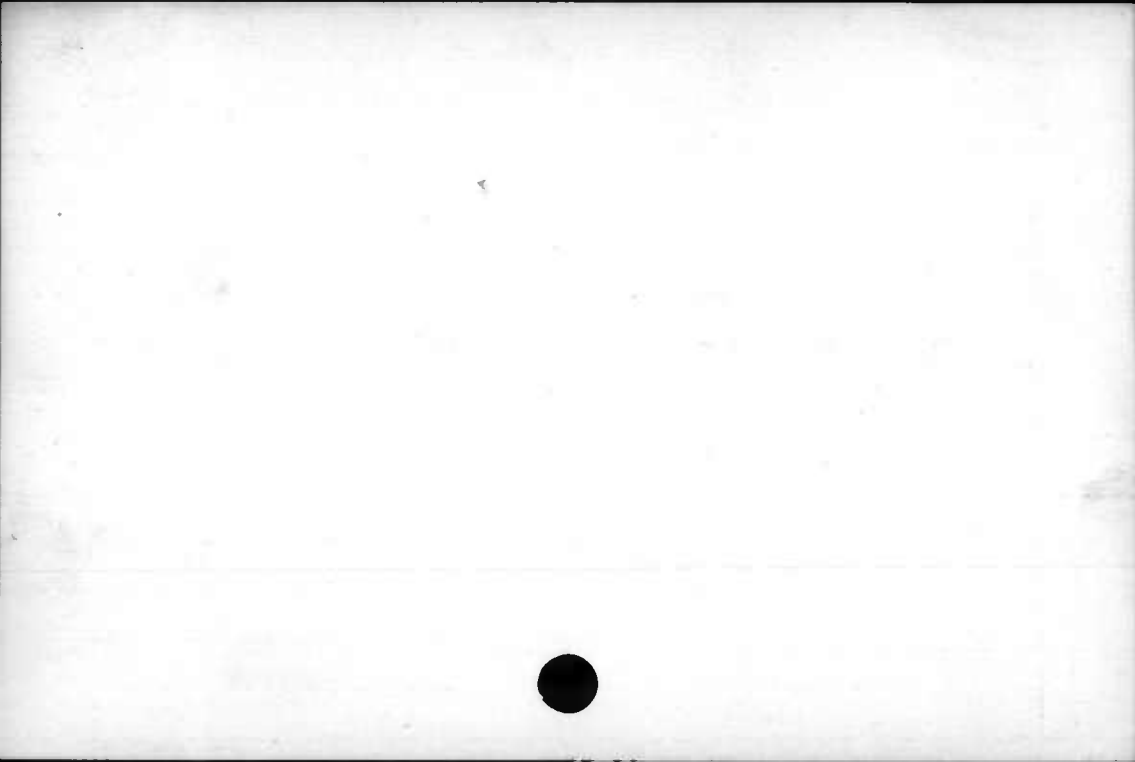
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|--------|----------------------|------------------|--|---------------|----------------------------|--------------|
| Died at | | Town Walkersville | | County Friedrick | | MARYLAND | |
| Date of death | 1907 | Month Feb. | Day 6 | Age Years | Months ONE | Days 19 | |
| Sex | Female | | Color or Race | White | | Birth- place | Walkersville |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name | | | | Harry Cramer | | Father's Birthplace | Walkersville |
| Mother's Maiden Name | | | | May Estella Ramsburg | | Mother's Birthplace | Utica, Md. |
| Name of person giving Information | | | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|------------------|-----|--|-----------|
| Primary | Whooping Cough | | How long | Two weeks |
| Immediate | Double Pneumonia | | How long | One Week |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | |
| | | | Address John J. Ramsburg Walkersville, Md. | |
| Accident or Suicide? | | | | |



Name
in
Full

Bessie M. Daily

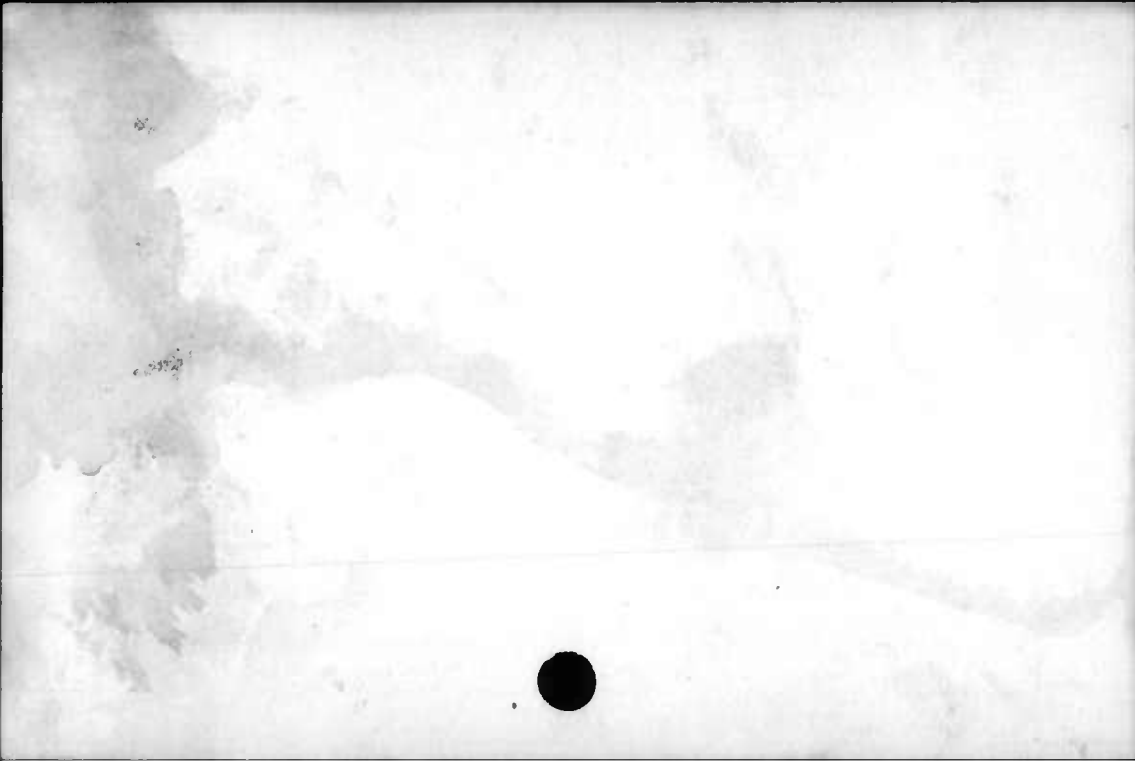
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|----------------------------------|---|--------------------|-------------------------------|
| Died at <u>Fredericks</u> Town | | <u>Fredericks</u> County | | MARYLAND | |
| Date of death | 190 <u>7</u> | Month <u>2</u> | Day <u>2</u> | Age <u>—</u> Years | Months <u>6</u> Days <u>—</u> |
| Sex <u>Female</u> | Color or Race <u>Black</u> | | Birth-place <u>Savannah</u> | | |
| Occupation <u>—</u> | | | Where Residing if not at place of death <u>Savannah</u> | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Wm. H. Daily</u> | | | Father's Birthplace <u>Fredericks Md</u> | | |
| Mother's Maiden Name <u>Isabella Turner</u> | | | Mother's Birthplace <u>" "</u> | | |
| Name of person giving information <u>W. H. Daily</u> | | | How related to deceased <u>Father</u> | | |

CAUSES OF DEATH

| | | | |
|---|-------------------------------|---|---------------------|
| Primary | <u>Bronchitis (Capillary)</u> | How long | <u>Several days</u> |
| or | <u>Catarrhal Pneumonia</u> | How long | <u>Immediate</u> |
| Immediate | <u>Convulsions</u> | | |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>W. B. Bourne M.D.</u> | |
| | | Address <u>Fredericks ind</u> | |
| Accident or Suicide? <u>—</u> | | | |



Name
in
Full

CERTIFICATE OF DEATH

Nancy Ann Swilbess

Town

County

Died at

near ~~Frederick~~ *Frederick**Frederick*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

2

5

Age

71

Sex

*Female*Color or
Race*White*Birth-
place*Frederick*

Occupation

*House Wife*Where Residing if not
at place of death*Daysville, Md.*Married, Single
or Widowed*Widow*Name of Wife or
Husband*Hesley Swilbess*Father's
Name*John Hood*Father's
Birthplace*Md*Mother's
Maiden Name*Untermyer*Mother's
BirthplaceName of person giving
Information*Mrs S. Mehrling*How related
to deceased*Niece*

CAUSES OF DEATH

Primary

Tuberculosis

How long

3 or 4 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Chris. F. Gordon, M.D.*

Address

Frederick, Md.

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Dr Goodell

Mr Miller

Buried Feb 7 -

Woodsboro

Name
in
Full

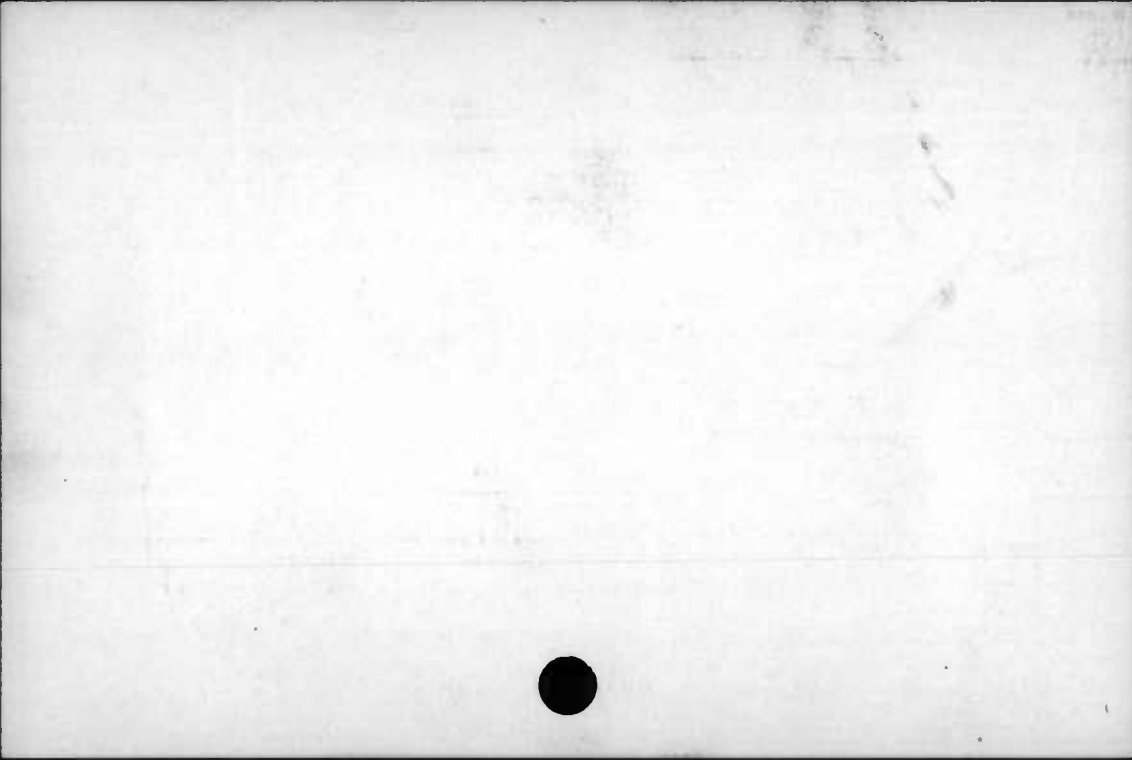
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------|-------|-------------------------|---|-------------------------|-------------|-----------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1907 | | Feb | 19 | Age 60 | | | |
| Sex | Male | | Color or Race | White | | Birth place | Baltimore |
| Occupation | Laborer | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Married | | | Mary Collins | | | | |
| Father's Name | | | Hugh Dougherty | | Father's Birthplace | | |
| | | | | | Baltimore | | |
| Mother's Maiden Name | | | Lucy Jones | | Mother's Birthplace | | |
| | | | | | Baltimore | | |
| Name of person giving information | | | Mary Collins | | How related to deceased | | |
| | | | | | Wife | | |

CAUSES OF DEATH

| | | | |
|--|------------------|---------------------|-------------|
| Primary | Carcinoma Rectum | How long | Three years |
| Immediate | Asthenia | How long | Two months. |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | Brooks, J. Jamison. | |
| Address | | Emmitsburg, Md. | |
| Accident or Suicide? | | | |



Name
in
Full

Eader Augustus L.

CERTIFICATE OF DEATH

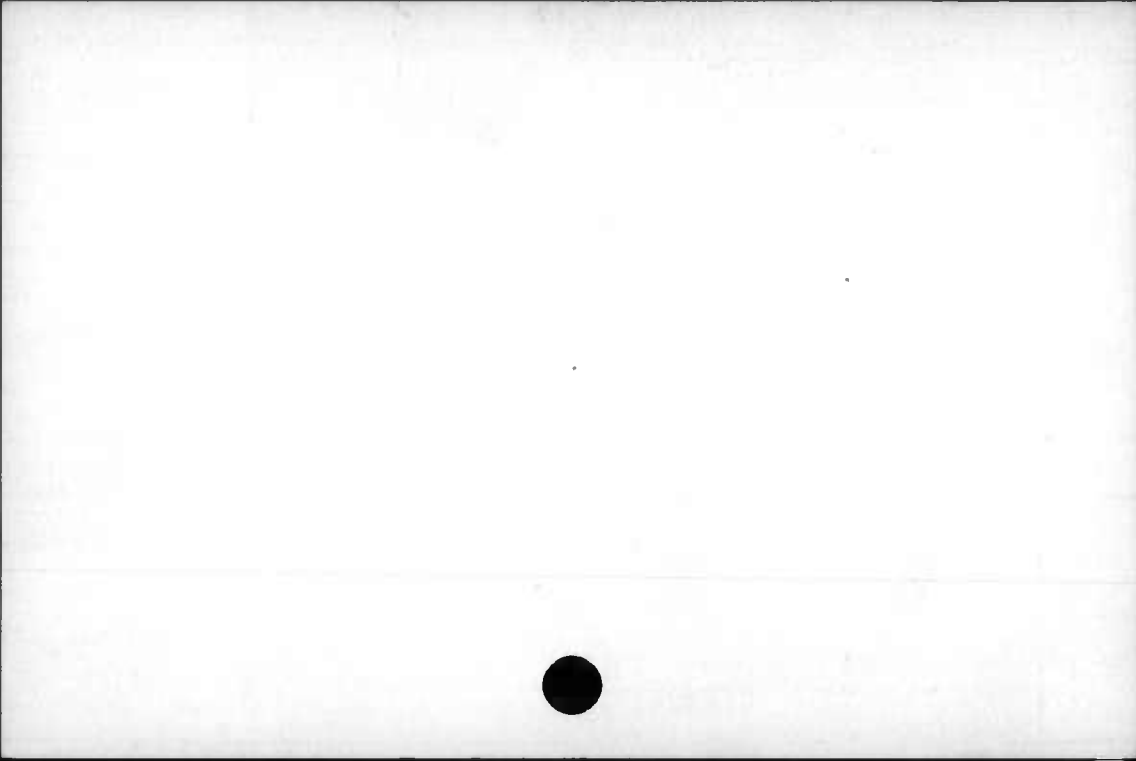
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|--|----------------------|----------|------|
| Died at <i>Frederick</i> | | County <i>Frederick</i> | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| <i>1907</i> | <i>2</i> | <i>11</i> | <i>87</i> | | |
| Sex <i>Male</i> | Color or Race <i>Caucasian</i> | | Birth-place <i>X</i> | | |
| Occupation <i>Retired</i> | | Where Residing if not at place of death <i>Frederick</i> | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Anna M. Eader</i> | | | | |
| Father's Name <i>Thomas Eader</i> | Father's Birthplace <i>X</i> | | | | |
| Mother's Maiden Name <i>Margaret J. Weaver</i> | Mother's Birthplace <i>X</i> | | | | |
| Name of person giving information <i>Dr T. S. Eader</i> | | How related to deceased <i>Son</i> | | | |

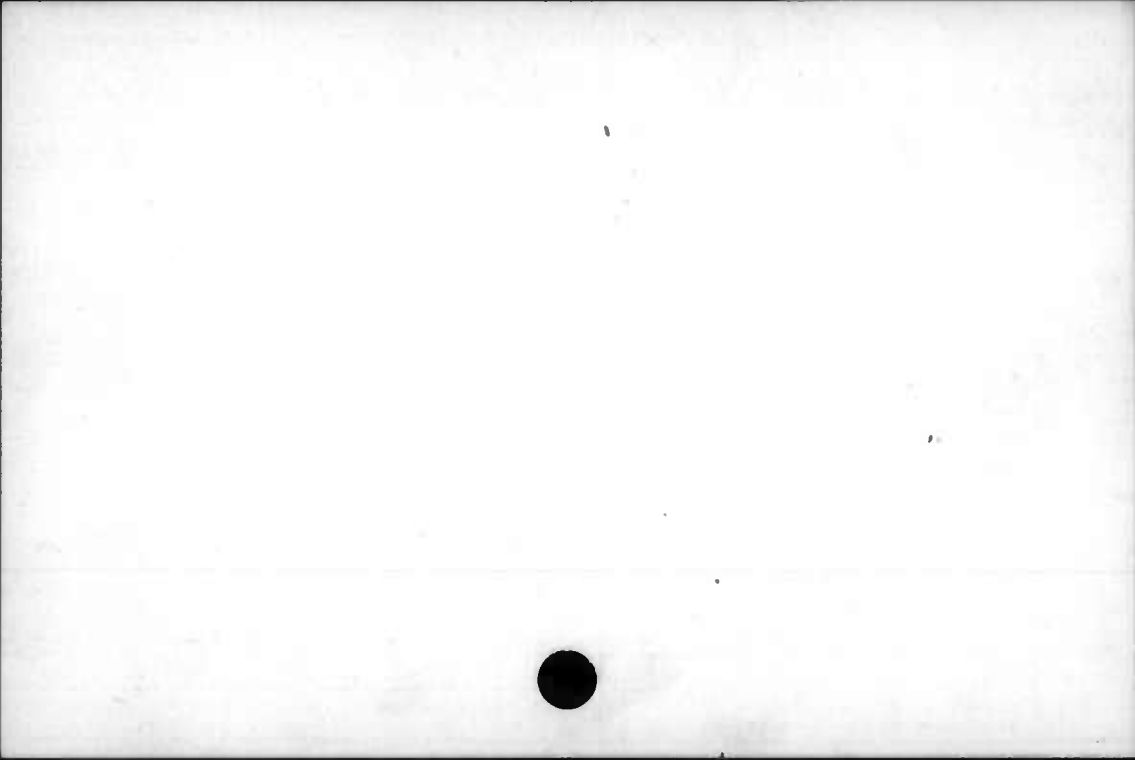
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>General Debility</i> | How long <i>6 mos.</i> |
| Immediate <i>Asthemia</i> | How long <i>3 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. L. Fahrney M.D.</i> |
| | Address <i>Frederick Md.</i> |
| Accident Yes Suicide? <i>No</i> | |



| Name In Full | | Ebert | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|---|----------------------|-----|--|---------------------------|----------------------------|----------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Frederick City | | Frederick | | MARYLAND | |
| | Date of death | 1907 | Feb | 9 | Age | + | Months + |
| | Sex | Male | | Color or Race | White | | Birth- place |
| | Occupation | | | Where Residing if not at place of death | | 220 E. 4th St | |
| | Married, Single or Widowed | | | Name of Wife or Husband | | | |
| | Father's Name | Harry L. Ebert | | | | Father's Birthplace | Frederick |
| PHYSICIAN OR CORONER | Mother's Maiden Name | Mary B. Hertzbaugh | | | | Mother's Birthplace | " |
| | Name of person giving Information | Harry L. Ebert | | | | How related to deceased | Father |
| | CAUSES OF DEATH | | | | | | |
| PHYSICIAN OR CORONER | Primary | Premature birth | | | | How long | 3 months before time |
| | Immediate | Lack of vitality | | | | How long | One day |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | |
| | | | | | Address Frederick Md | | |
| | | Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

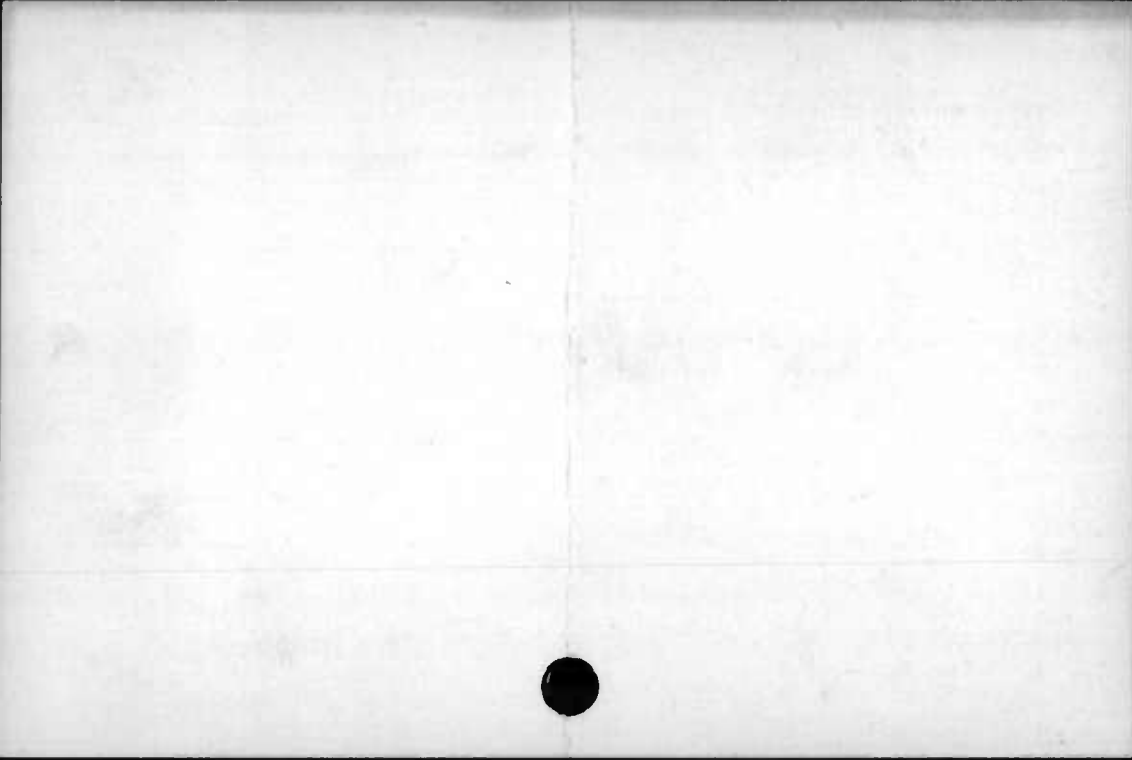
| | | | | | |
|---|---|---------------------------------------|------------------------------------|--------------------------------|------------------------------|
| Died at <i>Woodboro</i> <small>Town</small> | | <i>Fredrick</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1907</i> <small>Year</small> | <i>Feb</i> <small>Month</small> | <i>28</i> <small>Day</small> | Age <i>92</i> <small>Years</small> | <i>6</i> <small>Months</small> | <i>—</i> <small>Days</small> |
| Sex <i>Female</i> | Color or Race <i>W.</i> | Birth-place <i>U.S.</i> | | | |
| Occupation <i>Retired</i> | Where Residing if not at place of death <i>U.S.</i> | | | | |
| Married, Single or Widowed <i>W.</i> | Name of Wife or Husband <i>David Eyer</i> ✓ | | | | |
| Father's Name <i>Abraham Eyer</i> | Father's Birthplace <i>U.S.</i> | | | | |
| Mother's Maiden Name <i>Facie Denison</i> | Mother's Birthplace <i>Penn.</i> | | | | |
| Name of person giving information <i>Daughter</i> → | How related to deceased | | | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Senile Debility</i> | How long <i>12 Yrs</i> |
| Immediate <i>Cardiac Collapse</i> | How long <i>10 min.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. M. C. C. C.</i> |
| | Address <i>Fredrick</i> |
| Accident or Suicide? | |



Name
in
Full

Adelmi V. Feagun

CERTIFICATE OF DEATH

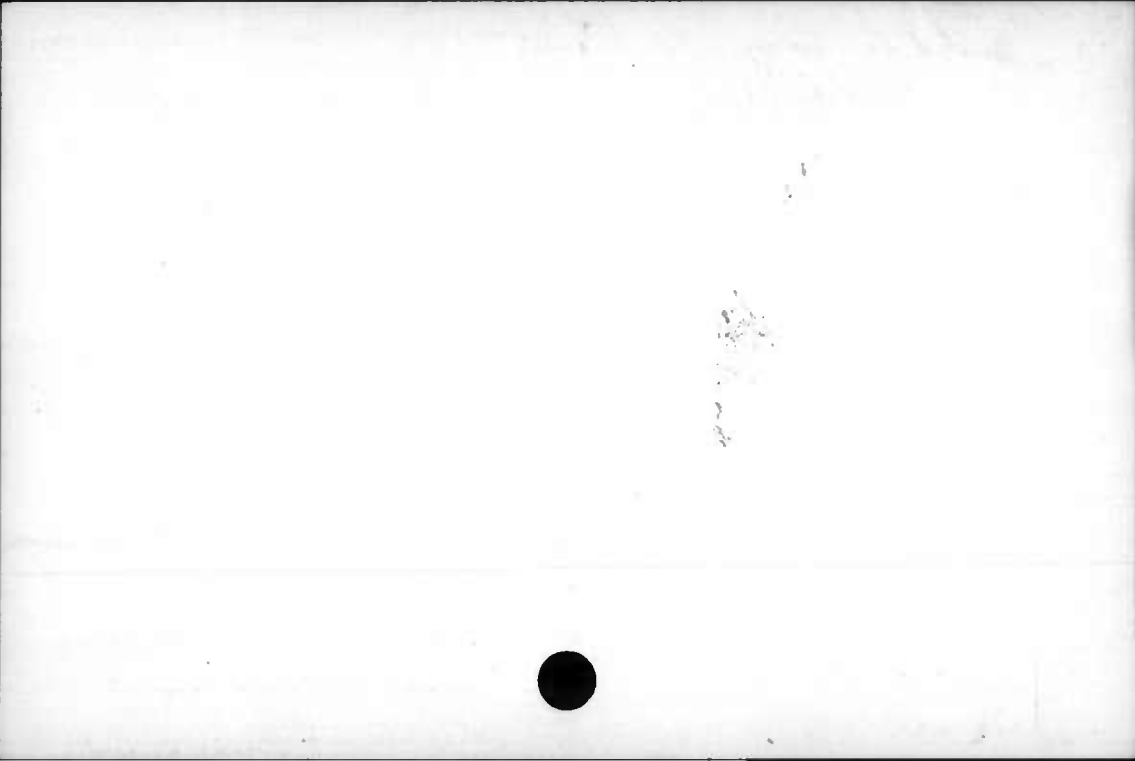
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------|---------------|-------|---|-------------|---------|--|
| Died at | | Town | | County | | MAYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 190 | | 9 | Feb | 12 | 2 | 13 | |
| Sex | Female | Color or Race | White | | Birth-place | Md | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Infant | | | Name of Wife or Husband | | | |
| Father's Name | Lifford Feagun | | | Father's Birthplace | | Md | |
| Mother's Maiden Name | Lela Esterly | | | Mother's Birthplace | | Md | |
| Name of person giving information | H. A. H. H. | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|--------|
| Primary | Morassmus | How long | 2 mcs. |
| Immediate | Double Pneumonia | How long | 1 week |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Address | |
| | | Feagun H. H. H. H. | |
| | | Frederick | |
| Accident or Suicide? | | | |



Name
in
Full

Lulu Agnes Fitz-

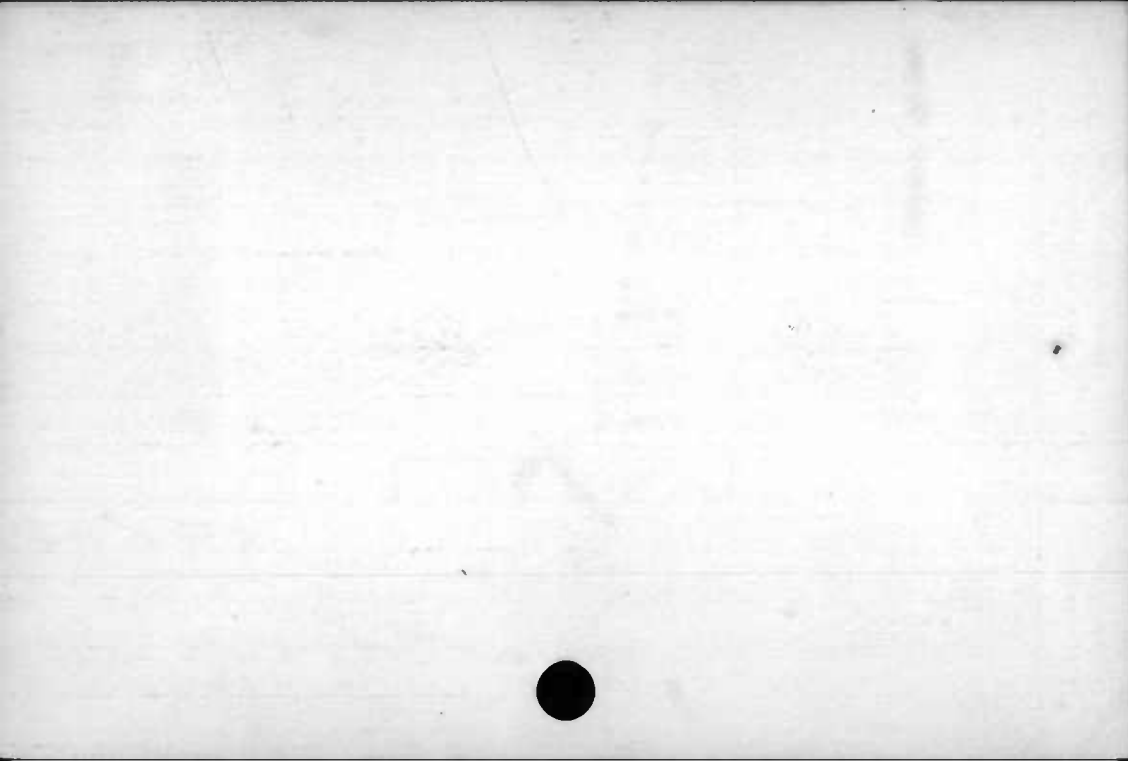
CERTIFICATE OF DEATH

| | | | | | |
|--|----------------------------|-------------------------|---------------------------------------|--------------|-----------------|
| Died at <i>Johnsville</i> | | County <i>Fredricks</i> | | MARYLAND | |
| Date of death 190 | 7 | Month <i>July</i> | Day <i>8</i> | Age <i>—</i> | Years <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Md.</i> | | Months <i>—</i> |
| Married, Single or Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>George O. Fitz-</i> | | | Father's Birthplace <i>Md.</i> | | |
| Mother's Maiden Name <i>Bertie L. Work</i> | | | Mother's Birthplace <i>"</i> | | |
| Name of person giving information <i>George O. Fitz-</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

| | |
|--|---|
| Primary <i>Influenza</i> | How long <i>Two or three days</i> |
| Immediate <i>Convulsions</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>F. H. Sidwell</i> |
| <i>As far as I know</i> | Address <i>Johnsville, Md.</i> |
| Accident or Suicide? | |

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ellen May Forrest

CERTIFICATE OF DEATH

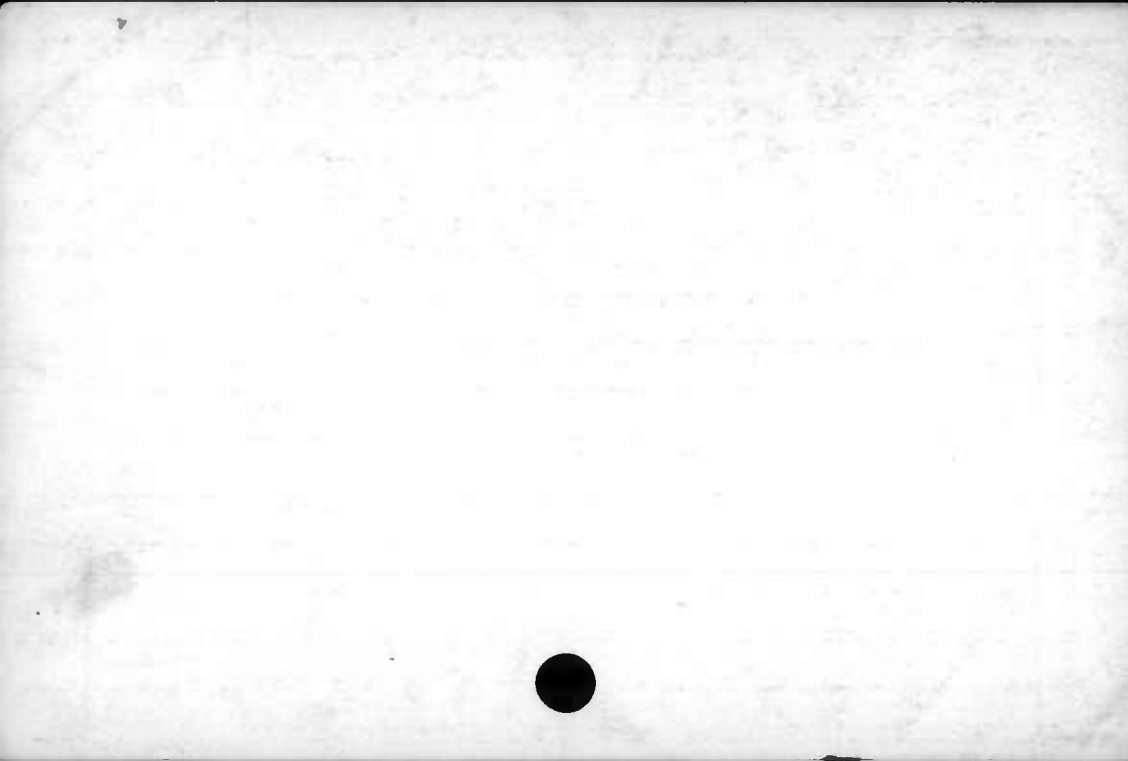
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--|--|---|--------------------------------|
| Died at <i>Barnum</i> Town <i>Indiannock</i> County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Feb</i> | Day <i>15</i> | Years <i>37</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | Birth-place <i>Burkittsville Md</i> | Months <i>9</i> Days <i>25</i> |
| Occupation <i>House wife</i> | | Where Residing if not at place of death | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>E. A. Forrest</i> | | |
| Father's Name <i>John W Jennings</i> | Father's Birthplace <i>Md</i> | | |
| Mother's Maiden Name <i>Lydia Sigler</i> | Mother's Birthplace <i>va</i> | | |
| Name of person giving information <i>E. S. Forrest</i> | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>La Grippe</i> | How long <i>10 days</i> |
| Immediate <i>Double Pneumonia</i> | How long <i>6 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>A. G. Horner</i> |
| | Address <i>Brunswick Md</i> |
| Accident or Suicide? | |



Name
in
Full

Martha Fowler

CERTIFICATE OF DEATH

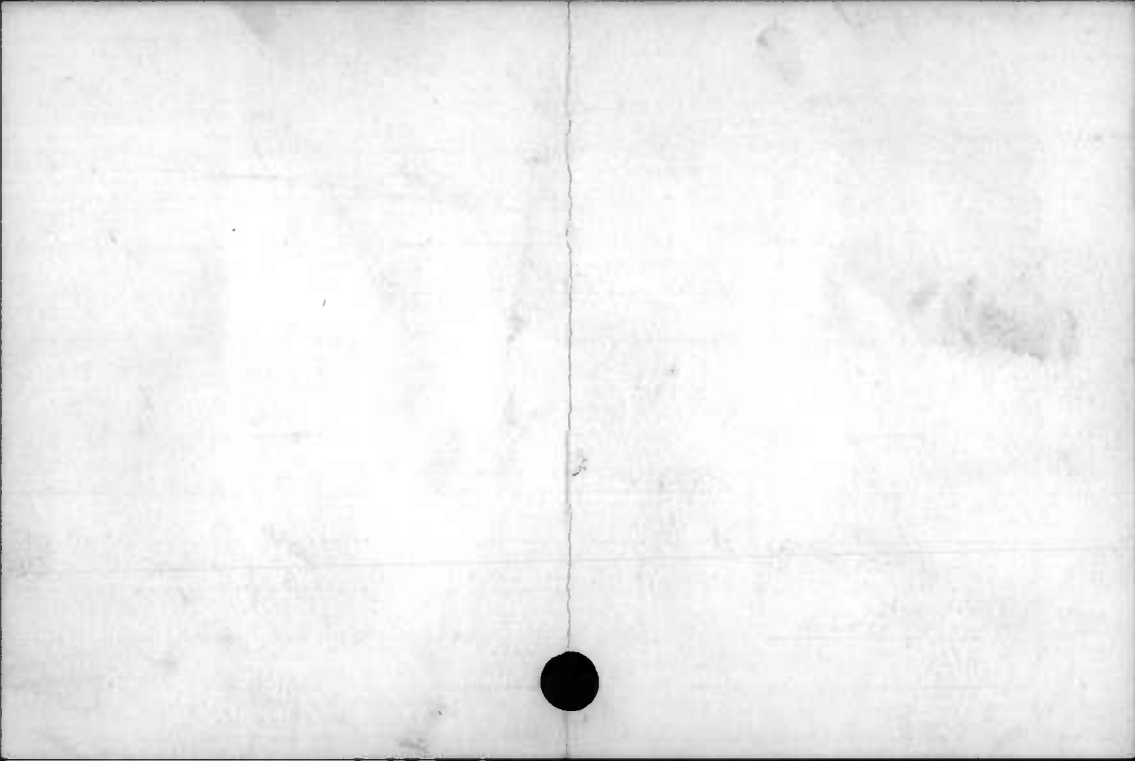
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|------------------------------------|-------------------------------------|-----------------------|---------------------|
| Died at <i>Mt. Airy</i> ^{Town} | | <i>Frederick</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Feb.</i> | Day <i>1</i> | Age <i>41 or 42</i> | Months <i>unknown</i> | Days <i>unknown</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Indiana</i> | | |
| Occupation <i>Housewife</i> | Where Residing if not at place of death <i>at place of death</i> | | | | |
| Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband <i>John Fowler</i> | | | | |
| Father's Name <i>Ferdinand Shane</i> | Father's Birthplace <i>Maryland</i> | | Mother's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Mary Black</i> | How related to deceased <i>In no way</i> | | | | |
| Name of person giving information <i>Mrs. Mary Louisa Peddicord</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Without sufficient food</i> | How long <i>Several weeks</i> |
| Immediate <i>Exhaustion</i> | How long <i>Several days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thomas P. Sappington</i> |
| | Address <i>Unionville, Maryland</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martin E. Gaher* Town *Ellertus* County *Fredrick*
Died at
Date of death *1907* Month *2* Day *15* Age *2* Years *2* Months *9* Days
Sex *Male* Color or Race *White* Birth-place *Ellertus*
Occupation _____ Where Residing if not at place of death _____

~~Married~~ *Single* Name of Wife or Husband _____
Father's Name *Char H. Gaher* Father's Birthplace *Ellertus*
Mother's Maiden Name *Effie E. Gurrinick* Mother's Birthplace _____
Name of person giving information *John Shepley* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

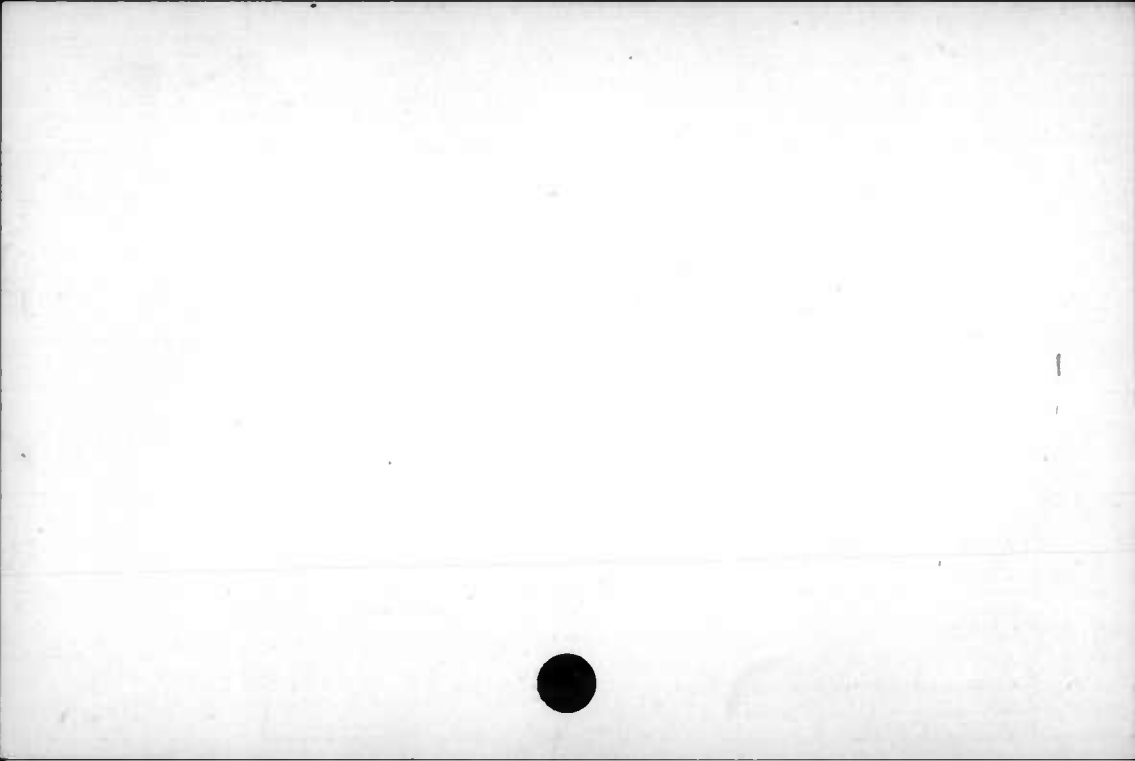
Primary *Dysphtheria* How long *6 days*
Immediate *Septic Intoxication* How long *1 day*
Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

Ralph Bowring
Myersville, Md.

Accident or Suicide? _____



Name
in
Full

Ida Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|--------------------------|----------------------------------|-----------------|---------------|
| Died at <i>Fredericks</i> | | County <i>Fredericks</i> | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>2</i> | Age <i>45</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Fredericks Md</i> | | |
| Occupation <i>House Wife</i> | Where Residing if not at place of death <i>Same</i> | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>John Green</i> | | | | |
| Father's Name <i>Mitchell</i> | Father's Birthplace <i>Md</i> | | | | |
| Mother's Maiden Name <i>—</i> | Mother's Birthplace <i>—</i> | | | | |
| Name of person giving information <i>John Green</i> | How related to deceased <i>Husband</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
CORONER

| | |
|---|--|
| Primary <i>Cardiac Disease</i> | How long <i>—</i> |
| Immediate <i>Anemia</i> | How long <i>7</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>H. P. Fahmy Md</i> |
| | Address <i>Fredericks Md</i> |
| Accident or Suicide? <i>—</i> | |

see also Harry Fahoney or
Justice Eckstein.

to be Buried Tuesday 3rd

Greenmount.

Name
in
Full

CERTIFICATE OF DEATH

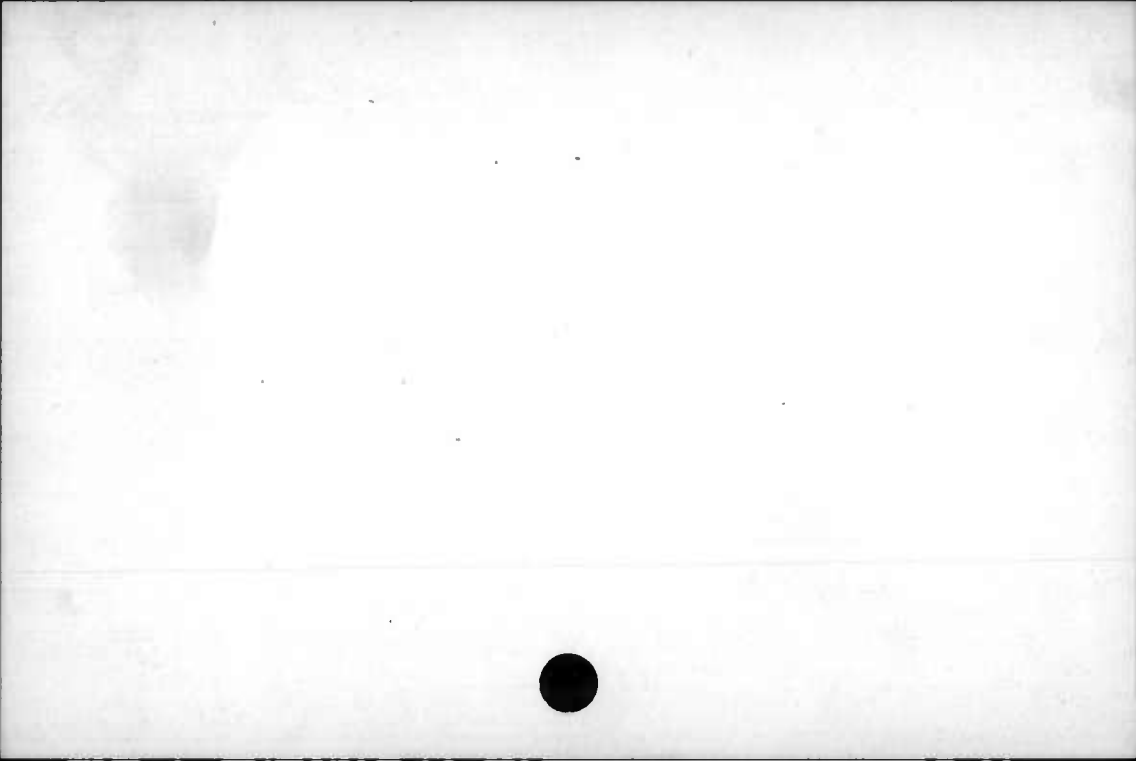
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|----------------------|-----------------------|-------------------------|-----------------|----|---|-----------------------|--------|-----------|
| Died at <i>Ellertown</i> | | Town <i>Frederick</i> | | County <i>4</i> | | MARYLAND | | | |
| Date of death | 1907 | Month | 2 | Day | 26 | Age | Years | Months | Days |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Ellertown</i> | | <i>13</i> |
| Occupation | | | | | | Where Residing if not at place of death | <i>Near Ellertown</i> | | |
| Married , Single | <i>Single</i> | | Name of Wife or Husband | | | | | | |
| Father's Name | <i>Harlin Green</i> | | | | | Father's Birthplace | <i>Ellertown</i> | | |
| Mother's Maiden Name | <i>Jennie Hooper</i> | | | | | Mother's Birthplace | <i>11</i> | | |
| Name of person giving information | <i>Harlin Green</i> | | | | | How related to deceased | <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---|------------------------|------------------------|
| Primary | <i>Congenital Malformation of Heart</i> | How long | <i>2 weeks</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Ralph Branning</i> |
| | | Address | <i>Marysville, Md.</i> |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|-------------------------|--|-------------------|--|
| Name in Full <i>Manassah J. Groves</i> | | Town <i>Union</i> | | County <i>Frederick</i> | | MARYLAND | |
| Died at <i>Union</i> | | Month <i>Feb</i> | | Day <i>21</i> | | Years <i>83</i> + | |
| Date of death <i>1907</i> | | Months | | Days | | | |
| Sex <i>M</i> | | Color or Race <i>W</i> | | Birth-place <i>W.D.</i> | | | |
| Occupation <i>Manuf'g</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>M</i> | | Name of Wife or Husband <i>Josephine F. Wilson</i> | | | | | |
| Father's Name <i>Geo W Groves</i> | | Father's Birthplace <i>Frederick Co</i> | | | | | |
| Mother's Maiden Name <i>Elizabeth Cost Biser</i> | | Mother's Birthplace <i>" "</i> | | | | | |
| Name of person giving information <i>Lo Lo Carey</i> | | How related to deceased | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Senile Debility -</i> | How long <i>2 yr +</i> |
| Immediate <i>Cardiac Collapse</i> | How long <i>10 Min.</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Prof. M. C. Cuddy</i> |
| | Address |
| Accident or Suicide? | |

Bunkellville

2-6-07

Carty

Name
in
Full

CERTIFICATE OF DEATH

Eliza Harbaugh
Town *Emmitsburg* County *Fredrick*

MARYLAND

Died at
Date of death *1907* Month *2* Day *8* Age *47* Years Months *3* Days *4*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *House wife* Where Residing if not at place of death

☒ Married ☐ Widowed Name of ~~Wife~~ Husband *Joseph Harbaugh*

Father's Name *Samuel Cline* Father's Birthplace *MD*

Mother's Maiden Name *Ann M. Ramsburg* Mother's Birthplace *"*

Name of person giving information *Mrs Vernon Lantz* How related to deceased *Daughter*

TO BE ANSWERED BY
NEAREST FRIEND

R

CAUSES OF DEATH

Primary *Consumption* How long *1 year*

Immediate

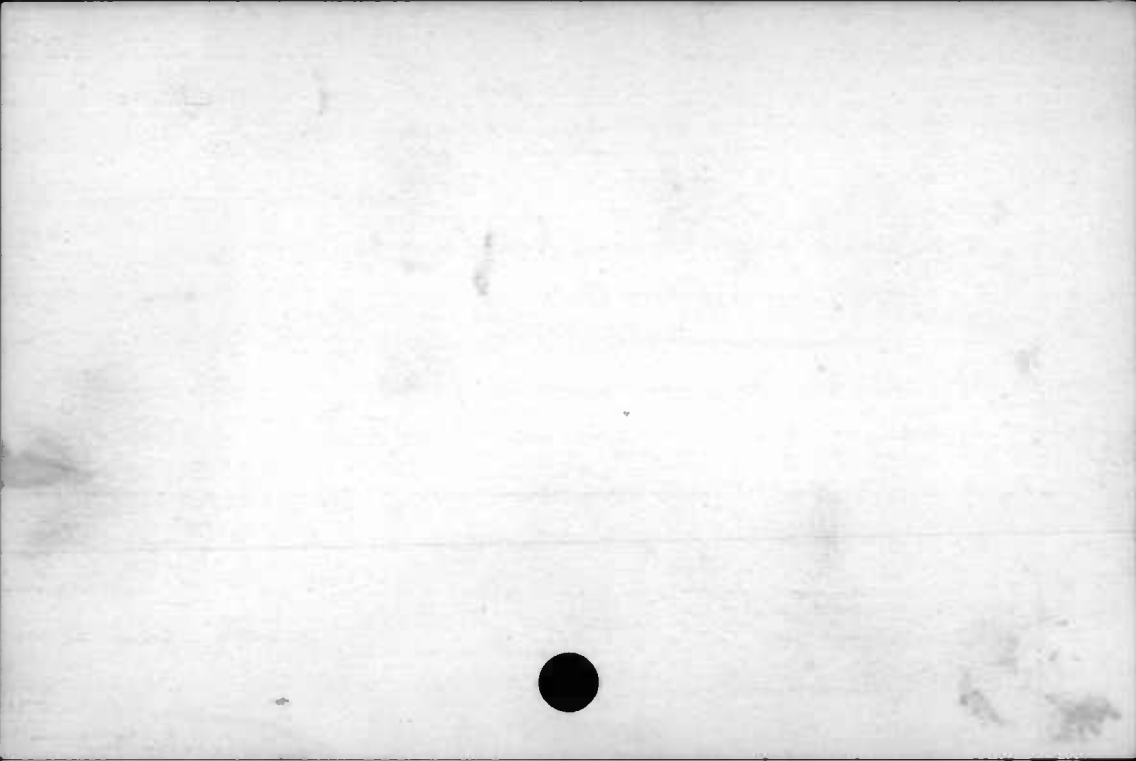
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. Stone*

Address *Emmitsburg MD*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Catharine Haines

CERTIFICATE OF DEATH

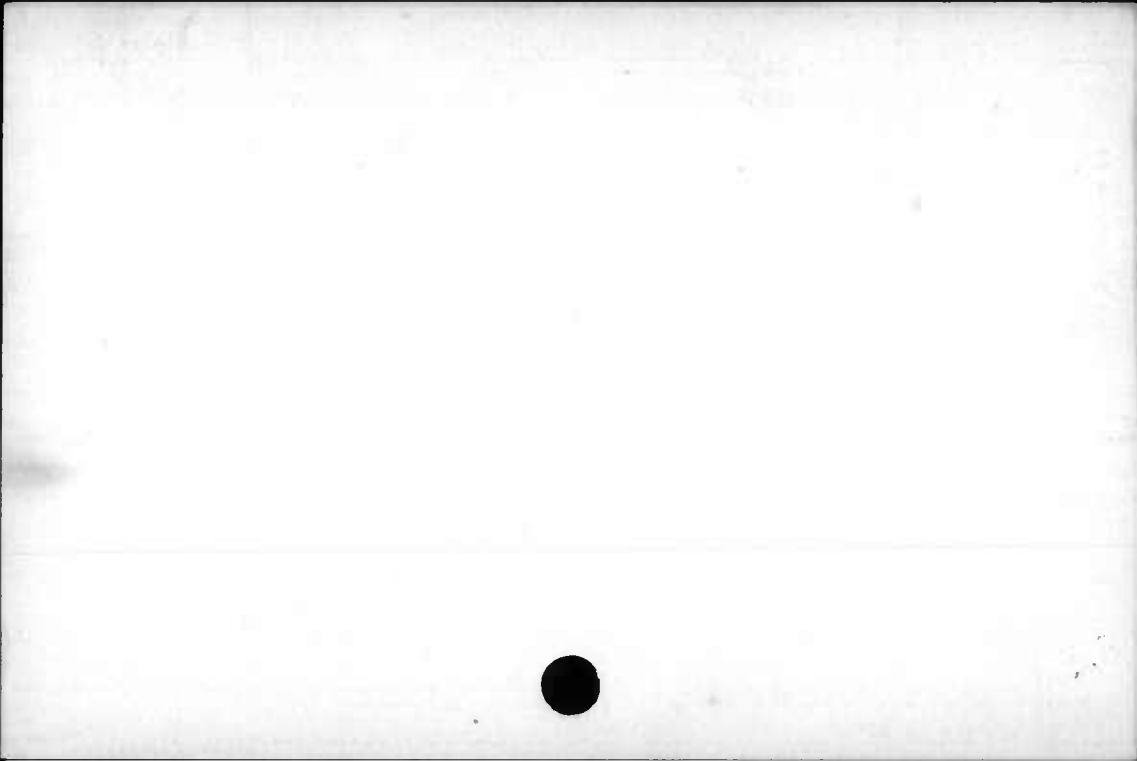
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|------------------------|---|-----------------|------|
| Died at <i>Harmony Grove</i> Town | | <i>Fredrick</i> County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>12</i> | Day <i>20</i> | Age <i>1</i> Years | Months <i>8</i> | Days |
| Sex <i>female</i> | Color or Race <i>white</i> | | Birth-place <i>Haltersville</i> | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name <i>Eldridge Haines</i> | | | Father's Birthplace | | |
| Mother's Maiden Name <i>Edna Morgan</i> | | | Mother's Birthplace <i>Haltersville</i> | | |
| Name of person giving information <i>J. S. Nicodemus</i> | | | How related to deceased <i>none</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Whooping Cough.</i> | How long |
| Immediate <i>Heart disease</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Wm. S. Nicodemus</i> |
| | Address <i>Haltersville</i> |
| Accident or Suicide? | <i>Med.</i> |



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|-------------------------------------|--|------------------|--|
| Name In Full <i>J. Harry Hauer</i> | | Town <i>Frederick</i> | | County <i>Frederick</i> | | MARYLAND | |
| Died at <i>Frederick</i> | | Month <i>Feb</i> | | Day <i>26</i> | | Age <i>54</i> | |
| Date of death <i>1907</i> | | Months <i>—</i> | | Days <i>—</i> | | | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth- place <i>Frederick</i> | | | |
| Occupation <i>Painter</i> | | Where Residing if not at place of death <i>E South St</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Geo W Hauer</i> | | Father's Birthplace <i>Frederick</i> | | | | | |
| Mother's Maiden Name <i>Lucretia Poole</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving Information <i>John C. Barry</i> | | How related to deceased <i>Funeral Director</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

| | |
|---|---|
| Primary <i>Heart Disease</i> | How long <i>Indefinite</i> |
| Immediate <i>Natural Causes</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>D. M. G. Bourne</i> |
| | Address <i>Frederick</i> |
| Accident or Suicide? <i>Neither</i> | <i>Ind</i> |

Miss Olivia Seminary

Feb 28 1907.

Name
in
Full

Susan Heard-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|---|-----------------------|----------------------------------|-------------------------|----------------|-----------------------|------|
| Died at <u>Frederick.</u> | | Town <u>Frederick</u> | | County <u>Frederick</u> | | State <u>MARYLAND</u> | |
| Date of death | <u>1907</u> | Month <u>2</u> | Day <u>21</u> | Age <u>84</u> | Years <u>9</u> | Months <u>11</u> | Days |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Baltimore</u> | | | | |
| Occupation <u>Housewife</u> | Where Residing <u>at home</u> | | at place of death <u>at home</u> | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Eyra Heard</u> | | | | | | |
| Father's Name <u>Low Wickerson</u> | Father's Birthplace <u>unknown</u> | | | | | | |
| Mother's Maiden Name <u>unknown</u> | Mother's Birthplace <u>unknown</u> | | | | | | |
| Name of person giving information <u>Mrs Ed. Eader</u> | How related to deceased <u>Daughter</u> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Chronic Myocarditis.</u> | How long <u>Some years.</u> |
| Immediate <u>Cardiac Exhaustion</u> | How long <u>3 days.</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u> | Signature of Physician <u>R. J. Gerson M.D.</u> |
| | Address <u>Frederick, Md.</u> |
| Accident or Suicide? <u>Neither</u> | |

C. C. Barry -

M O'Brien -

Feb 23 -

Name
in
Full

Mrs. Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|---------------------------|----------------------|-----------------|---------------------|--------|----------------------------|--|
| Died at | | Town Haltersville | | County Frederick | | MARYLAND | |
| Date of death 1907 | Month 2 | Day 8 | Age 73 | Years | Months | Days | |
| Sex female | Color or Race white | | Birth- place | | | | |
| Married, Single or Widowed | Occupation housewife | | | | | | |
| Name of Wife or Husband | Samuel Hoffman | | | | | | |
| Father's Name | | | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | |
| Name of person giving Information | Jno. S. Nicodemus | | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

| | | | | |
|---|--|----------|----|------|
| Primary | cerebral hemorrhage | How long | 64 | week |
| Immediate | | | | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician Jno. S. Nicodemus | | | |
| | Address Haltersville, Md. | | | |
| Accident or Suicide? | | | | |



Name
In
Full

Ida V. Hopkins

CERTIFICATE OF DEATH

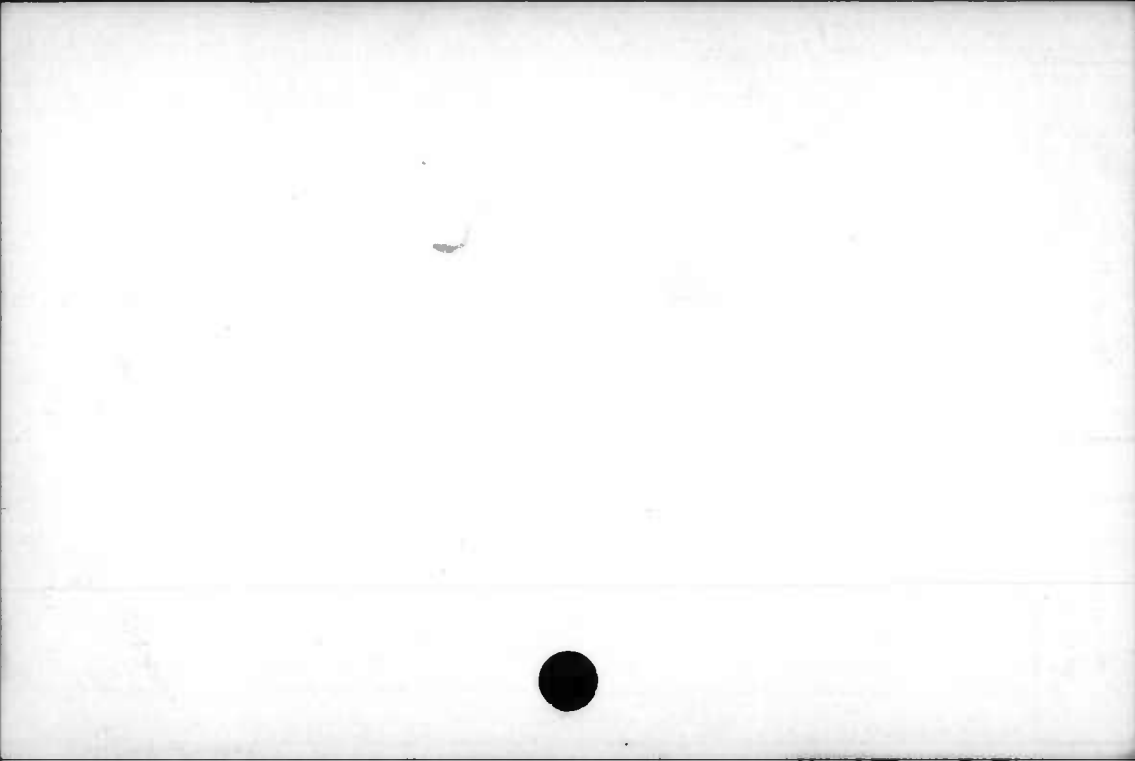
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|------------------------------------|------------------------|-----------------|---------------|
| Died at <i>Frederick</i> ^{Town} | | <i>Frederick</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>17</i> | Age <i>—</i> | Months <i>—</i> | Days <i>2</i> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Ind</i> | | |
| Occupation <i>X</i> | Where Residing if not at place of death <i>X</i> | | | | |
| Married, Single or Widowed <i>X</i> | Name of Wife or Husband <i>X</i> | | | | |
| Father's Name <i>Robert Hopkins</i> | Father's Birthplace <i>Ind</i> | | | | |
| Mother's Maiden Name <i>Ida Johnson</i> | Mother's Birthplace <i>Ind</i> | | | | |
| Name of person giving information <i>Ida Johnson</i> | How related to deceased <i>Mother</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Trismus neonatorum</i> | How long <i>17</i> |
| Immediate <i>—</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>A. G. Long</i> |
| | Address <i>City</i> |
| Accident or Suicide? | |



Name
in
Full

Michael J. Hussey

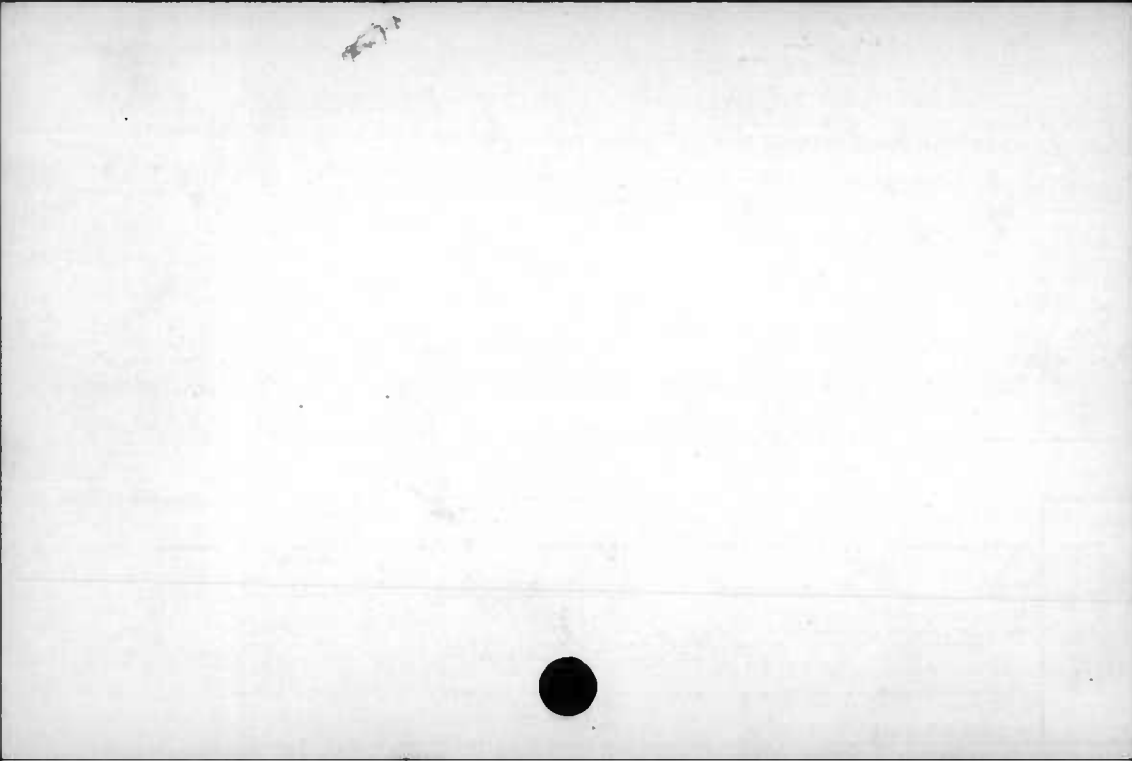
CERTIFICATE OF DEATH

| | | | | | |
|---|---|------------------------------------|--------------------------------|---------------------|------|
| Died at <i>mor</i> <i>Brunswick</i> ^{Town} | | <i>Brunswick</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | <i>Feb</i> ^{Month} | <i>3</i> ^{Day} | Age <i>40</i> ^{Years} | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Pz</i> | | |
| Occupation <i>Laborer</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name | ✓ | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving information | | | How related to deceased | | |

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

| | | | | | | |
|-------------------------------------|---|---------------------------------|---|----------|------------------------------------|--|
| PHYSICIAN OR CORONER 1 | Primary | <i>accident Cut into by car</i> | | How long | <i>166</i> | |
| | Immediate | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Leri West</i> | | Address <i>Brunswick Feb 11 09</i> | |
| | Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

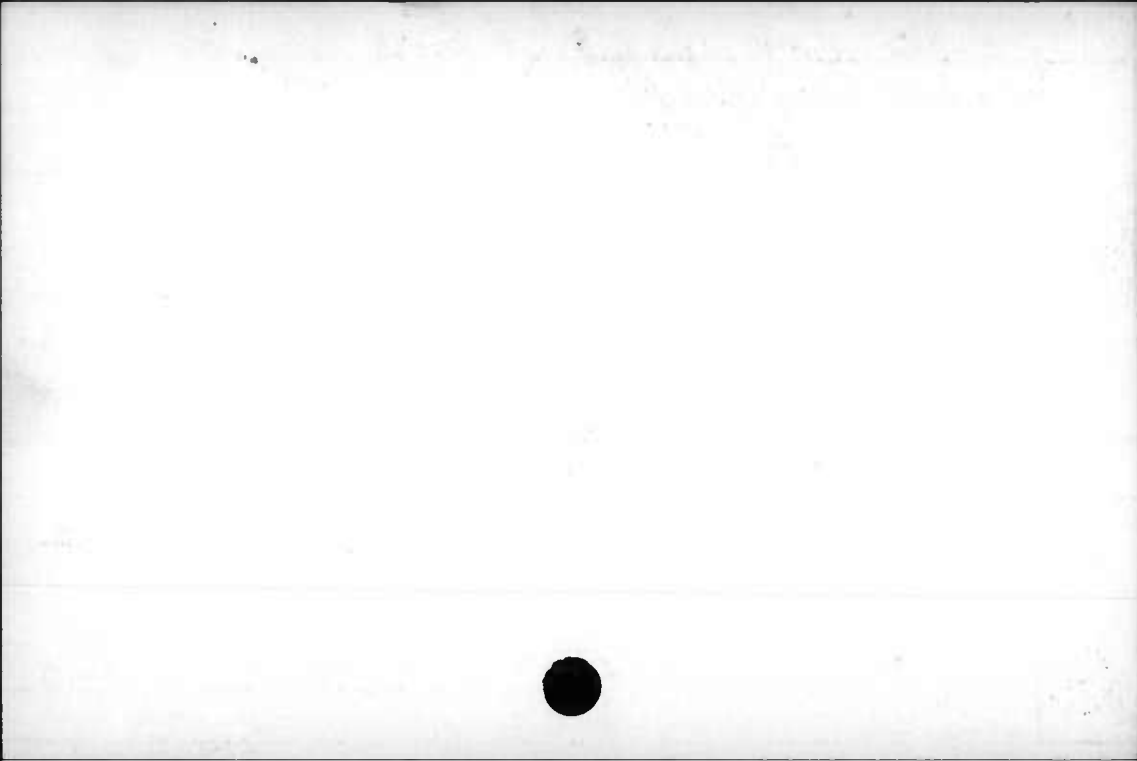
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|---------------------------------------|--|---------------------|--|--|--|---------------------|--|-----------------|--|
| Name in Full | | Charles J. Isaacale | | Town Near Frederick | | County Frederick | | MARYLAND | |
| Died at | | Near Frederick | | Frederick | | | | | |
| Date of death | | 1907 | | Month Feb | | Day 28 | | Age 59 | |
| Sex | | Male | | Color or Race | | white | | Birth- place | |
| Occupation | | Farmer | | Where Residing if not at place of death | | | | Lewistown, Md | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | Mary Leathman | | | |
| Father's Name | | Michael Isaacale | | Father's Birthplace | | Lewistown, Md | | | |
| Mother's Maiden Name | | Amanda Geasey | | Mother's Birthplace | | Lewistown, Md | | | |
| Name of person giving In formation | | Bradley Isaacale | | How related to deceased | | Son | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|---------------------|---------------------|-----------|
| Primary | Rheumatic fever | How long | 19 |
| Immediate | Acute Regurgitation | How long | Instantly |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | J. M. Goodman, M.D. | |
| Address | | Frederick, Md | |
| Accident or Suicide? | | | |

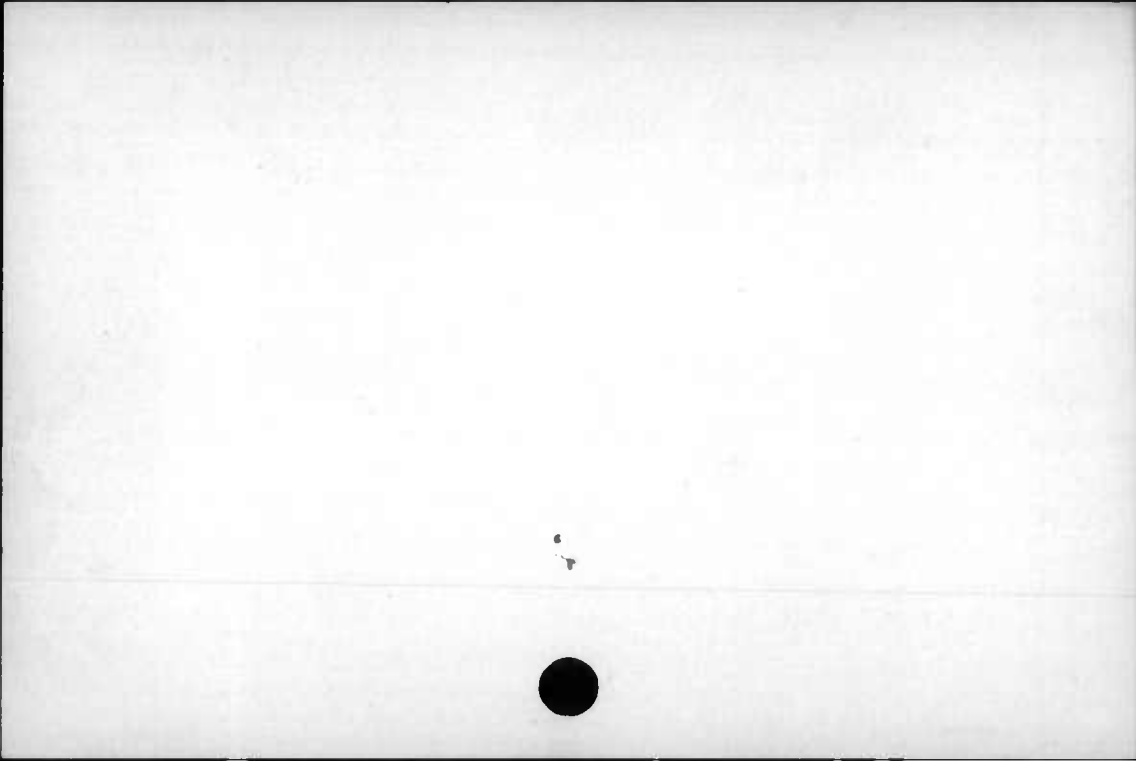


TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER

CAUSES OF DEATH

LIBRARY BUREAU A99010



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lorenza James.

Died at *Mountain Hospital* Town *Frederick* County *Frederick*

MARYLAND

Date of death *1907* Month *Feb* Day *1st*Age *75* Years

Months

Days

Sex *Male*Color or Race *Black*Birth-place *Frederick Co*Occupation *Labor*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband *Unknown*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*Name of person giving information *H. M. Shook Nurse*How related to deceased *None*

CAUSES OF DEATH

Primary *Cardiac debilitation secondary to senile degeneration*

How long

Immediate *Edema of Lungs*

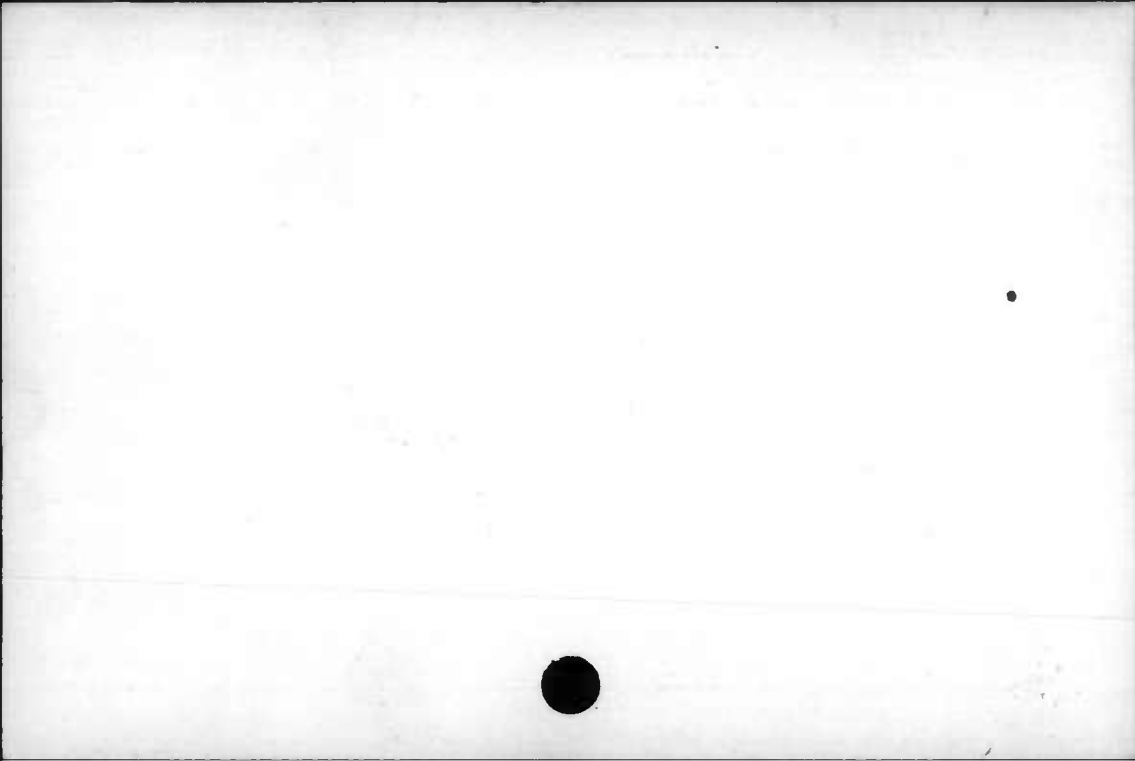
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. L. Lyson*Address *Frederick, Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

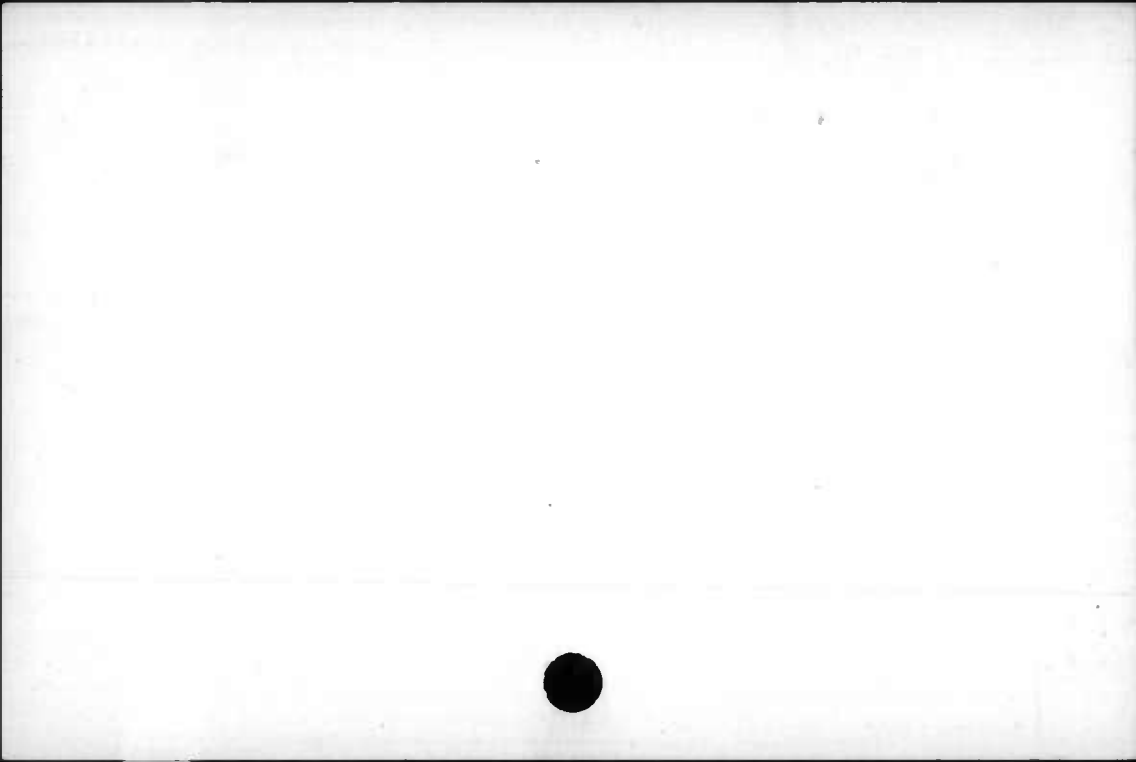
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------|-------------------------|---------|---|-------|-------------------------|--------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1907 | | July | 18 | | | 9 | 12 |
| Sex | Female | Color or Race | Colored | | | Birth-place | M.D. |
| Occupation | — | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | Laurence Jefferson | | | | Father's Birthplace | MS |
| Mother's Maiden Name | | Alveta Brown | | | | Mother's Birthplace | MS |
| Name of person giving information | | Laurence Jefferson | | | | How related to deceased | Father |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|----------------------------------|-----|------------------------|------------------|
| Primary | La Grippe followed by Meningitis | | How long | 1 week |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | T. Clyde Boulton |
| | | | Address | Buckeytown |
| Accident or Suicide? | | | | |



Name

in
Full

CERTIFICATE OF DEATH

George Anderson Johnson

Town

County

MARYLAND

Died at Brunswick

Frederick

Date

Month

Day

Years

Months

Days

of death

190

7 Feb.

10

Age

14

7

6

Sex

Male

Color or
Race

Negro

Birth-
place

Brunswick, Md.

Occupation

Where Residing if not
at place of death

Brunswick, Md.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

David Johnson

Father's
Birthplace

Frederick Co.

Mother's
Maiden Name

Elizabeth Cooper

Mother's
Birthplace

Brunswick

Name of person giving
information

David Johnson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia (in chronic terminal) Bronchitis

How long

about 5 months

Immediate

General breakdown with Paralysis of bowels

How long

3 or 4 weeks

Are the name, age, sex, color, date
and place correctly given above?

to be checked by my knowledge

Signature of
Physician

H. Franklin Schamel, M.D.

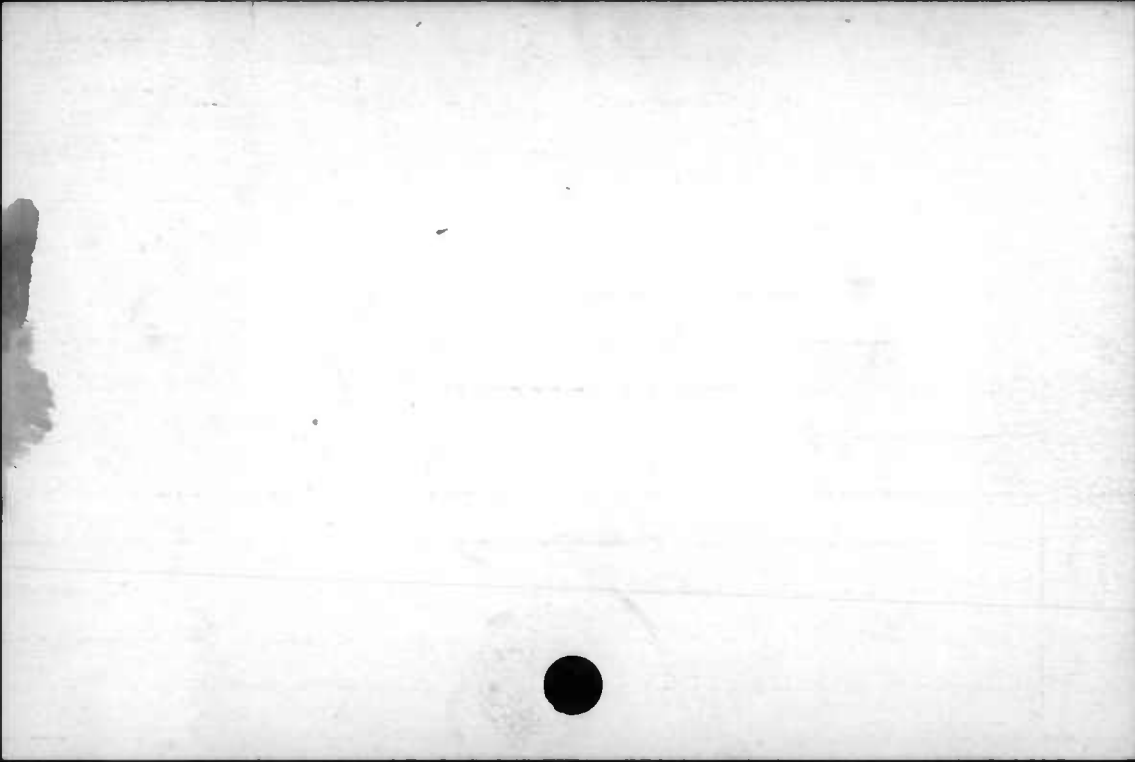
Address

Brunswick, Md.

Accident or Suicide?

Natural

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thos. Roger Johnson

CERTIFICATE OF DEATH

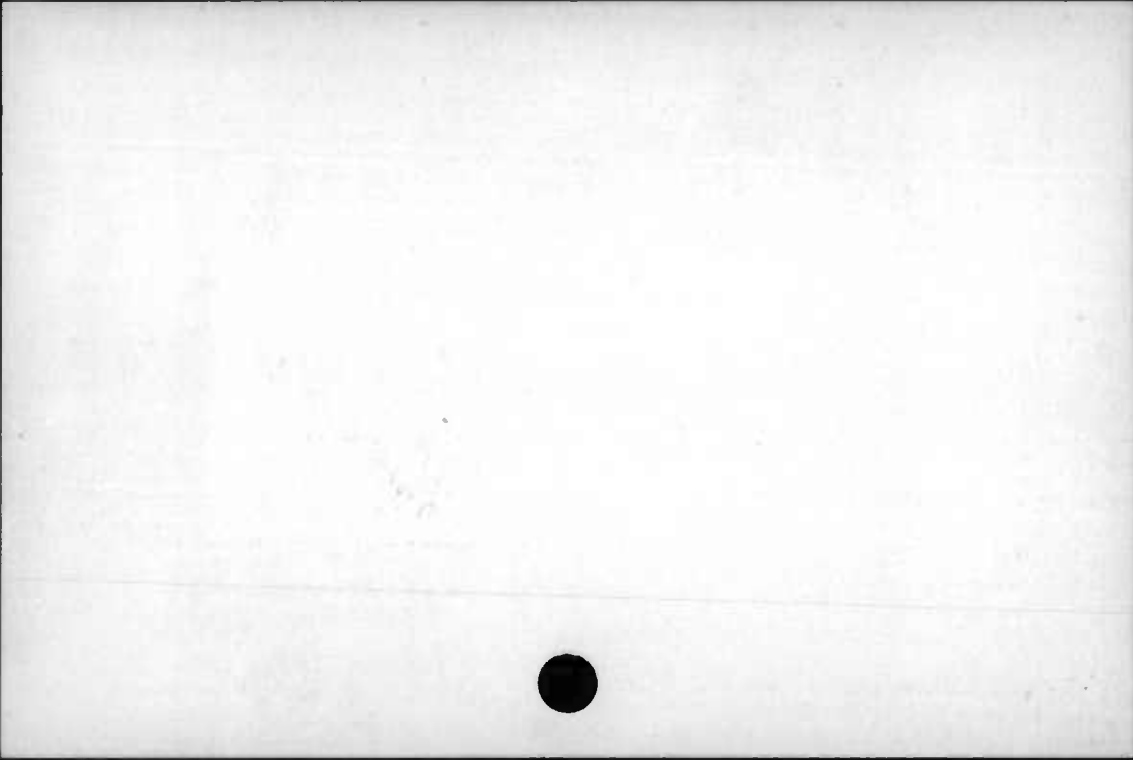
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|--|---------------------------------------|-------------------------|-------------------------|
| Died at <u>Frederick</u> <small>Town</small> | | <u>Frederick</u> <small>County</small> | | MARYLAND | |
| Date of death | 1907 | Month | February | Day | 21st |
| | | Age | 77 | Years | |
| | | Months | 3 | Days | 4 |
| Sex | male | Color or Race | white | Birth-place | Frederick Co Md |
| Occupation | Where Residing if not at place of death <u>Adamstown, Md.</u> | | | | |
| Married, Single or Widowed | Widower | Name of Wife Husband | <u>Elizabeth Garland - deceased -</u> | | |
| Father's Name | <u>Joseph A. Johnson</u> | | | Father's Birthplace | <u>Frederick Co Md.</u> |
| Mother's Maiden Name | <u>Eleanor Hilleguy Johnson</u> | | | Mother's Birthplace | <u>do</u> |
| Name of person giving information | <u>J. Alex Johnson</u> | | | How related to deceased | <u>Son.</u> |

CAUSES OF DEATH

| | | | |
|--|---|----------|------------------|
| Primary | <u>Heart Disease</u> | How long | <u>15 years</u> |
| Immediate | <u>Heart Failure</u> | How long | <u>Immediate</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Wm M. Smith</u> | | |
| | Address <u>Frederick, Md.</u> | | |
| Accident or Suicide? | | | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John Peter Jones

Died at *near New London* *Frederick* County

MARYLAND

Date of death *1907* *2* Month *7* Day *83* Age *1* Months *11* Days

Sex *mal* Color or Race *white* Birth-place *Frederick Co*

Occupation *Retired Farmer* Where Residing if not at place of death

~~Married, Single~~ *Married* Name of Wife or Husband *John P. Jones*

Father's Name *Raphael Jones* Father's Birthplace *Frederick Co*

Mother's Maiden Name *Catherine Barnes* Mother's Birthplace *Frederick Co*

Name of person giving information *J. Downey* How related to deceased *none*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Paralysis* How long *7 mo*

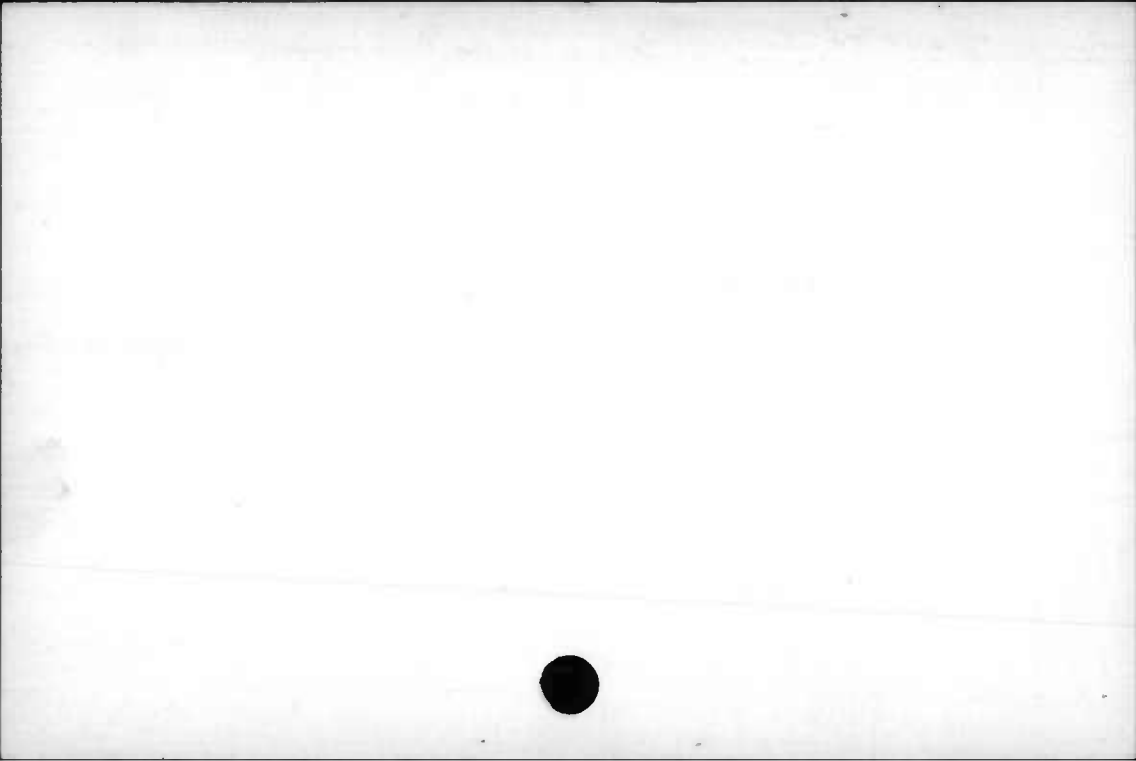
Immediate *Edema of lung* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Downey MD*
Address *Newmarket Md*

PHYSICIAN
OR CORONER
1

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|--|--|--------------------------|--------------------|
| Name <i>Harry Kanode</i> | | County <i>Frederick</i> | | State <i>MARYLAND</i> | |
| Date of death <i>1904</i> | | Month <i>Feb.</i> | Day <i>22</i> | Years <i>82</i> | Months <i>-</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth- place <i>Fredericks.</i> | | | |
| Occupation <i>Farmer</i> | | Where Residing if not place of death | | | |
| Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband <i>Margaret Layman</i> | | | | |
| Father's Name <i>Jacob Kanode</i> | Father's Birthplace <i>Prussia</i> | | Mother's Birthplace <i>Prussia</i> | | |
| Mother's Maiden Name | | How related to deceased <i>Son</i> | | | |
| Name of person giving In formation <i>Jake Kanode</i> | | | | | |

CAUSES OF DEATH

| | | |
|---|--------------------------|---|
| Primary | <i>(93)</i> | How long |
| Immediate | <i>Pleuro Pneumonia.</i> | How long <i>8 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>E. E. Tyrelling</i> |
| | | Address <i>Urbania</i> |
| | | <i>W.D.</i> |
| Accident or Suicide? | | |

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

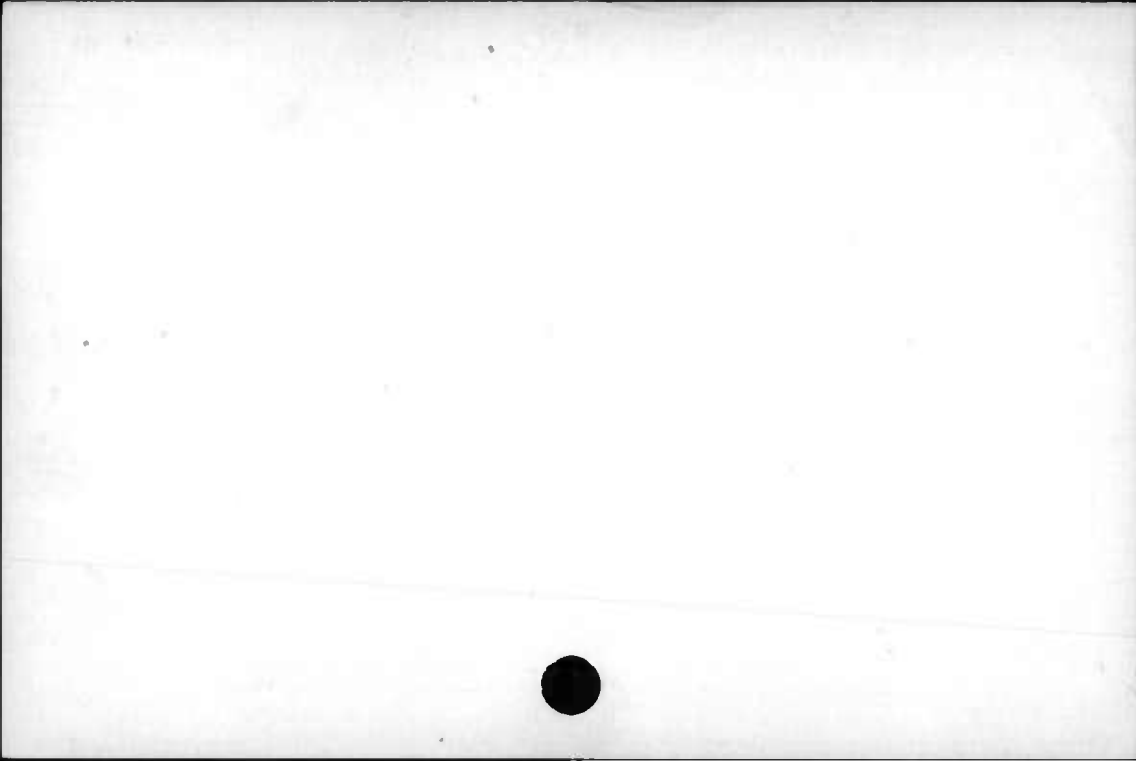
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| Name in Full <i>John C Keller</i> | | Town <i>Heon Buddletown</i> | | County <i>Frederick</i> | | MARYLAND | |
| Died at <i>Heon Buddletown</i> | | Month <i>Feb</i> | | Day <i>1</i> | | Years <i>17</i> | |
| Date of death <i>1907</i> | | Month <i>Feb</i> | | Day <i>1</i> | | Years <i>17</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Frederick Calmd</i> | | Months <i>10</i> | |
| Occupation <i>School boy</i> | | Where Residing if not at place of death <i>Frederick Calmd</i> | | Days <i>10</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>John D Keller</i> | | Father's Birthplace <i>Frederick Calmd</i> | | Mother's Birthplace <i>Frederick Calmd</i> | |
| Father's Name <i>John D Keller</i> | | Mother's Maiden Name <i>Mary Knapp</i> | | How related to deceased <i>Mother</i> | | | |
| Name of person giving information <i>Frederick Keller</i> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|--|------------------------------------|
| Primary <i>Tubercollosis</i> | <i>{lungs and bowels}</i> | How long <i>About 18 months</i> |
| Immediate <i>perforation of bowels</i> | | How long <i>2 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Edw Buckley</i> | Address <i>Buddletown</i> |
| | | <i>and</i> |
| Accident or Suicide? | | |



Name
in
Full

Daniel Thine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-----------------|-------------------------|---|-------------------------|----------|
| Died at <i>Hansomville</i> | | County <i>Fredrick</i> | | MARYLAND | |
| Date of death | 1907 | Month | Feb. | Day | 17 |
| Age | | 59 | | Months | ✓ |
| Sex | Male | Color or Race | White | Birth-place | Maryland |
| Occupation | Labourer | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | |
| Father's Name | Kathaniel Thine | | | Father's Birthplace | Maryland |
| Mother's Maiden Name | Sophia Moore | | | Mother's Birthplace | Maryland |
| Name of person giving information | | | | How related to deceased | |

CAUSES OF DEATH

Primary *Tuberculosis* How long *Several yrs*

Immediate *Ins Renic Heart failure* How long *4 hours*

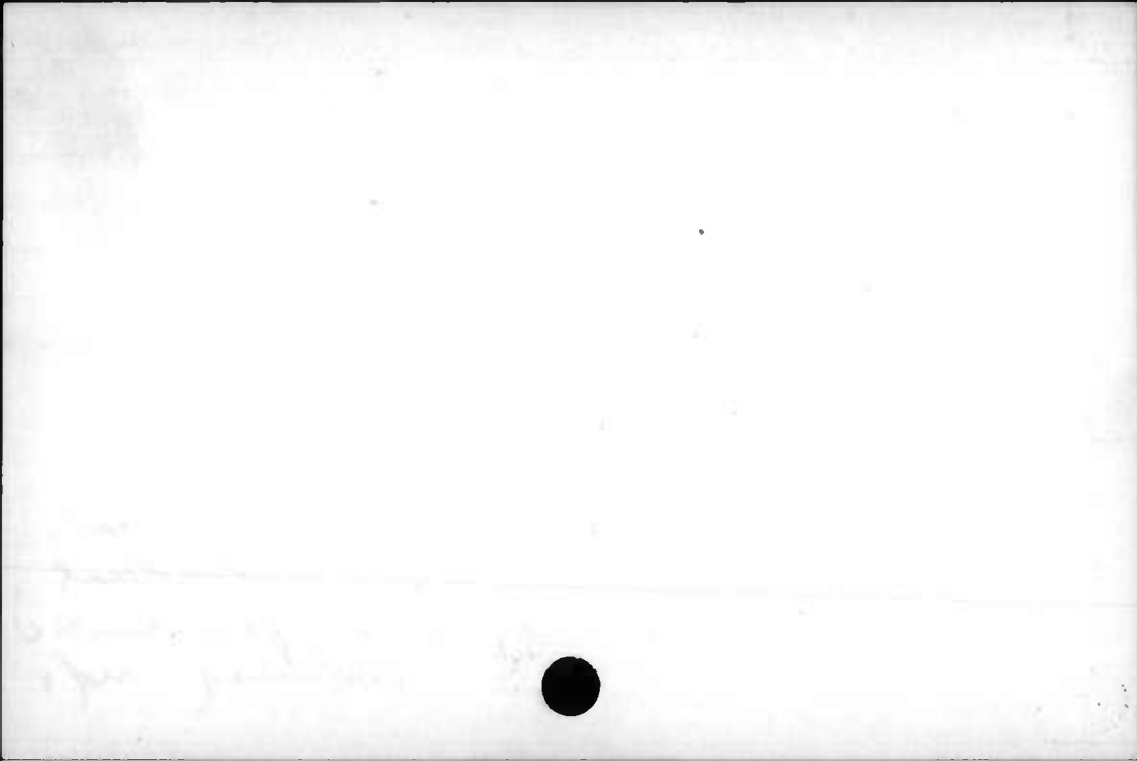
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. E. Miller

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| Name <i>Josiah T. Holine</i> | | Town <i>Fredricks</i> | | County <i>Fredricks</i> | | MARYLAND | |
| Died at | | Month <i>2</i> | | Day <i>1</i> | | Years <i>70</i> | |
| Date of death <i>1907</i> | | Month <i>2</i> | | Day <i>1</i> | | Years <i>70</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>F. Co. Md</i> | | Months <i>2</i> | |
| Occupation <i>Veterinary Surgeon</i> | | Where Residing if not at place of death <i>Same</i> | | Days <i>25</i> | | | |
| Married, Single or Widowed <i>Widower</i> | | Name of Wife or Husband <i>Caroline A. Behne</i> | | Father's Name <i>Jonathan Holine</i> | | Father's Birthplace <i>F. Co Md</i> | |
| Mother's Maiden Name <i>Catherine Shaver</i> | | Mother's Birthplace <i>" " "</i> | | Name of person giving information <i>Thomas Holine</i> | | How related to deceased <i>Son.</i> | |

CAUSES OF DEATH

| | |
|----------------------------------|----------------------------|
| Primary <i>Mena Churia</i> | How long <i>Gradual</i> |
| Immediate <i>Enlo-Cardiac</i> | How long <i>Gradual</i> |

Are the name, age, sex, color, date and place correctly given above?

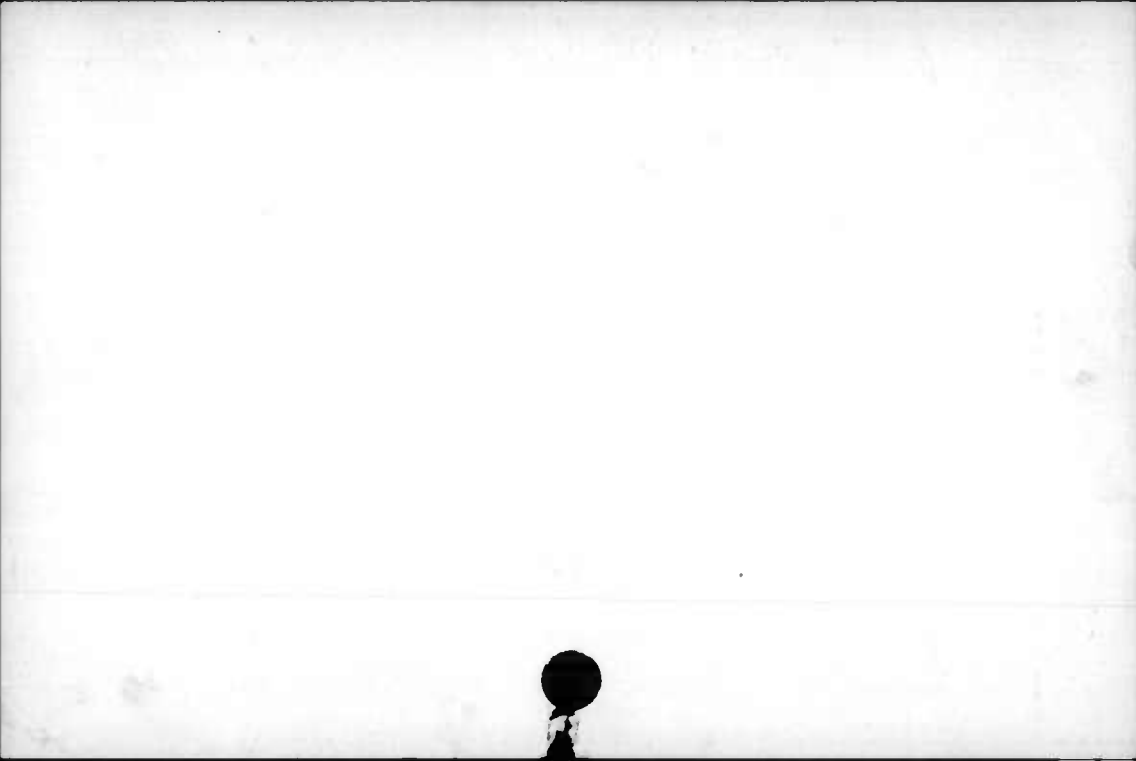
yes

Signature of Physician

Address

D. M. Johnson M.D.
Frederick Md.

Accident or Suicide?



Name
in
Full

George Leatherman

CERTIFICATE OF DEATH

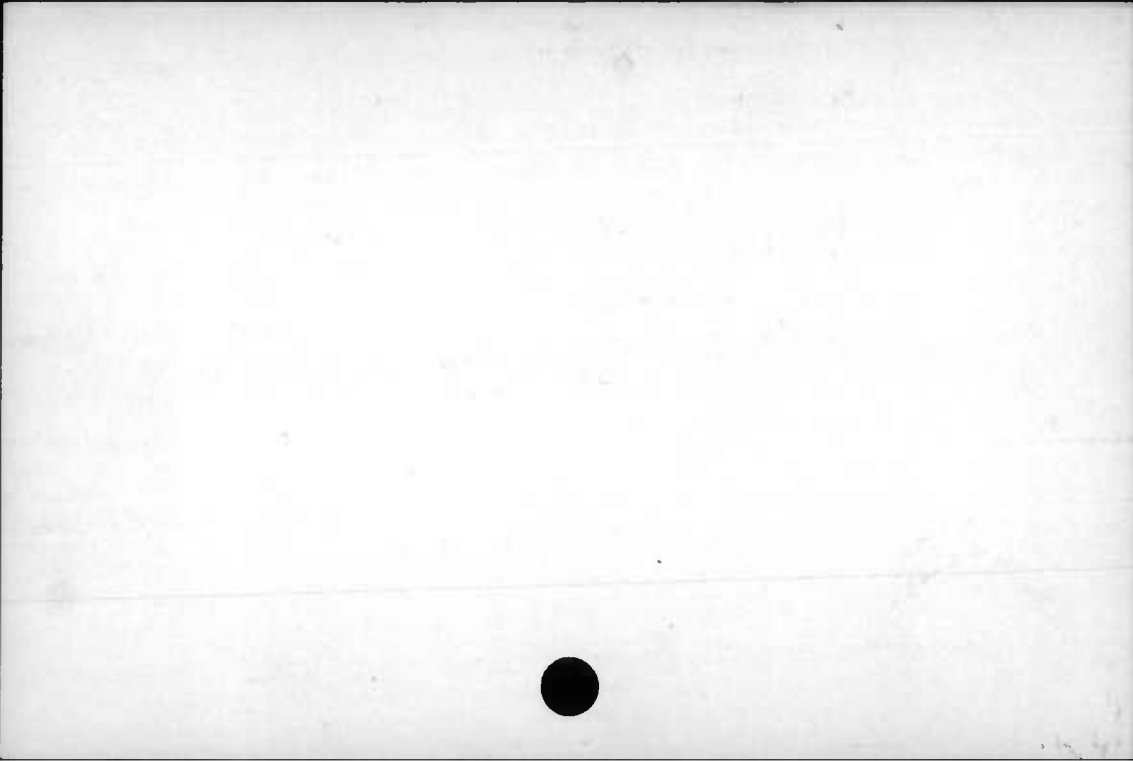
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|-------------------|---|---------------|-----------------|------------------|
| Died at | | Town <i>Harmony</i> | | County <i>Fredrick</i> | | MARYLAND | |
| Date of death | | 190 <i>7</i> | Month <i>Feb.</i> | Day <i>25</i> | Age <i>79</i> | Years <i>10</i> | Months <i>23</i> |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Farmer</i> | | | | Where Residing if not at place of death <i>Harmony.</i> | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Rebecca Johnson</i> | | | | | |
| Father's Name <i>Jacob Leatherman</i> | | | | Father's Birthplace <i>Maryland</i> | | | |
| Mother's Maiden Name <i>Lusana Varp</i> | | | | Mother's Birthplace <i>Maryland</i> | | | |
| Name of person giving information <i>Charles P. Leatherman</i> | | | | How related to deceased <i>Son.</i> | | | |

CAUSES OF DEATH

| | | | |
|---|------------------|--|----------------------|
| Primary | <i>Nephritis</i> | How long | <i>Several Years</i> |
| Immediate | <i>Pneumonia</i> | How long | <i>5 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Ralph B. Babin</i> | |
| | | Address <i>Myersville, Md.</i> | |
| Accident or Suicide? <input type="checkbox"/> | | | |

PHYSICIAN
RECORDER



Name
in
Full

CERTIFICATE OF DEATH

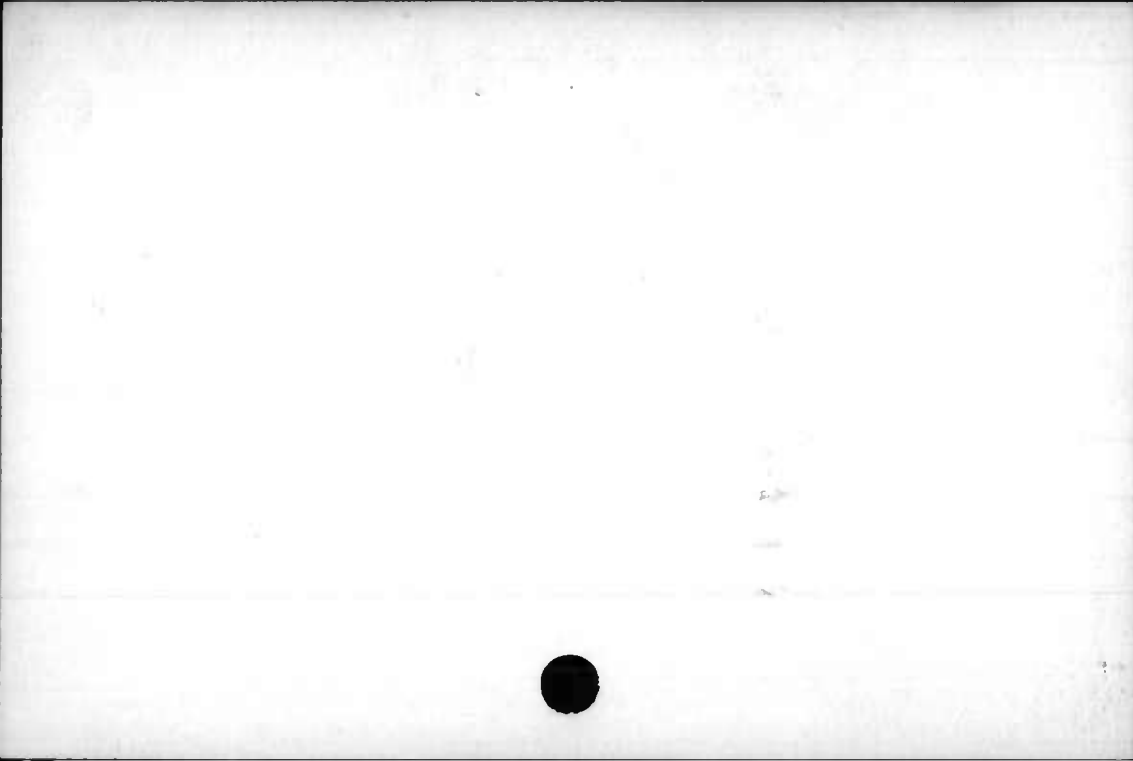
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|------------------------------------|--|--------------------|--|
| Name in Full <i>Marshall S. Leetham</i> | | Town <i>Lanham</i> | | County <i>Frederick Co</i> | | MARYLAND | |
| Died at <i>Lanham</i> | | Month <i>2</i> | | Day <i>18</i> | | Years <i>55</i> | |
| Date of death <i>1907</i> | | Month <i>2</i> | | Day <i>18</i> | | Age <i>55</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birthplace <i>Frederick Co.</i> | | | |
| Occupation <i>Physician</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Florence Leetham</i> | | | | | |
| Father's Name <i>Daniel Leetham</i> | | Father's Birthplace <i>Frederick Co.</i> | | | | | |
| Mother's Maiden Name <i>—</i> | | Mother's Birthplace <i>Frederick Co</i> | | | | | |
| Name of person giving information <i>Michael</i> | | How related to deceased <i>1720</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Chronic Nephritis</i> | How long <i>Three years</i> |
| Immediate <i>Cerebral Softening</i> | How long <i>Three years</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>E. S. McPherson</i> |
| | Address <i>Lanham Md.</i> |
| Accident or Suicide? | |



Name
In
Full

CERTIFICATE OF DEATH

Thos O Lindsay

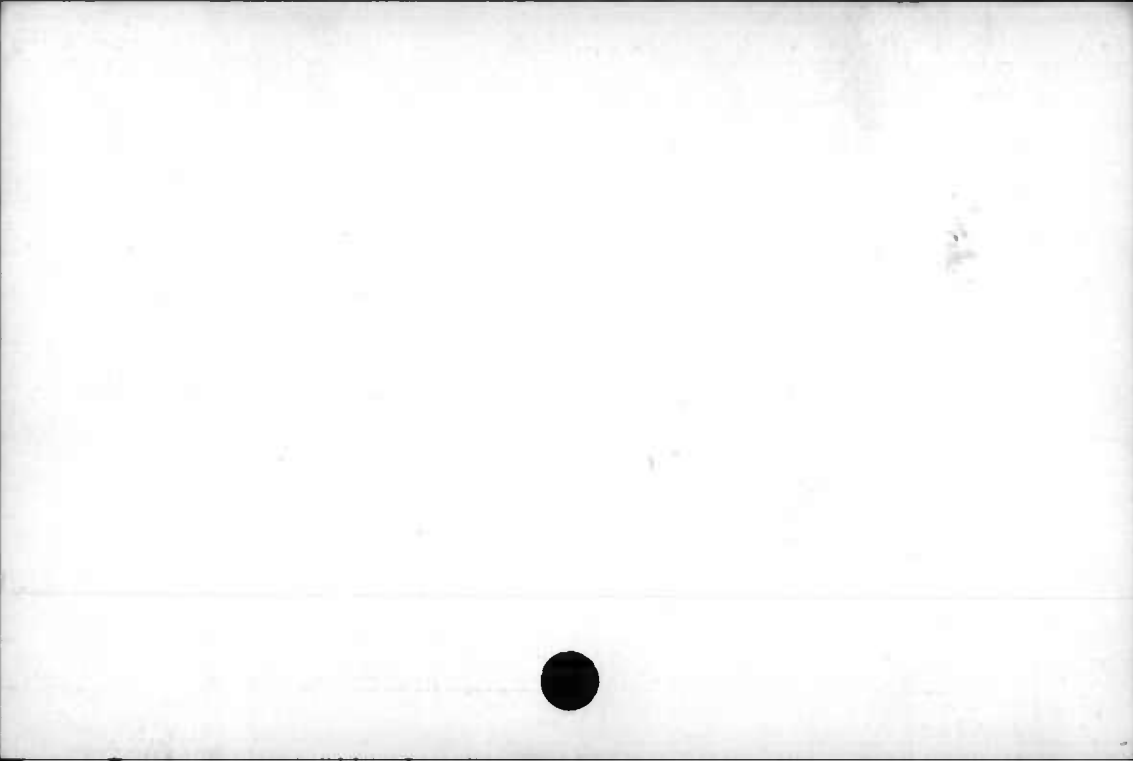
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|--------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1907 | | 2 | 12 | 23 | | | |
| Sex | | Color or Race | | Birth-place | | | |
| Male | | White | | Fred Co. | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Blacksmith | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Married | | Harris Lindsay | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Unknown | | Unknown | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Unknown | | Unknown | | | | | |
| Name of person giving information | | | | How related to deceased | | | |
| Thos Hospital Record | | | | — | | | |

CAUSES OF DEATH

| | | | |
|--|---------------|------------------------|-----|
| Primary | Genl debility | How long | |
| Immediate | Exhaustion | How long | 154 |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | R. S. Ayres | |
| | | Address | |
| | | Theobalds | |
| | | Md. | |
| Accident or Suicide? | | | |

1
PHYSICIAN
OR CORONER



Name
in
Full

M. Bride Edwin M.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------|--------------------------------|--|---|-----------------|----------------|--|
| Died at <i>Harmony Grove Md</i> | | Town <i>Frederick Co</i> | | County <i>Frederick Co</i> | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>1</i> | Age <i>—</i> | Years <i>—</i> | Months <i>2</i> | Days <i>15</i> | |
| Sex <i>Male</i> | | Color or Race <i>Caucasian</i> | | Birth-place <i>Frederick Co</i> | | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>—</i> | | | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>Ernest M. Bride</i> | | | | Father's Birthplace <i>Frederick Co</i> | | | |
| Mother's Maiden Name <i>Clara Bidell</i> | | | | Mother's Birthplace <i>4</i> | | | |
| Name of person giving information <i>Father</i> | | | | How related to deceased <i>—</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

| | |
|---|--|
| Primary <i>Pulmonary Congestion</i> | How long <i>Don't know</i> |
| Immediate <i>Asthma</i> | How long <i>Don't know</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. P. Fahrney M.D.</i> |
| | Address <i>Frederick Md.</i> |
| Accident or Suicide? | |

Middleton

7

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *New Baltimore* TownCounty *Pied*

Date

of death *1907*Month *Feb*Day *19*

Age

Years *77*Months *8*Days *11*Sex *Male*Color or
Race *white*Birth-
placeOccupation *farmer*Where Residing if not
at place of deathMarried, *yes*
or WidowedName of Wife or
Husband *Margaret Mc Bride*Father's
Name *Henry Mc Bride*Father's
BirthplaceMother's
Maiden Name *Catharine Rhoderick*Mother's
BirthplaceName of person giving
information *Catharine Mc Bride*How related
to deceased *Wife*

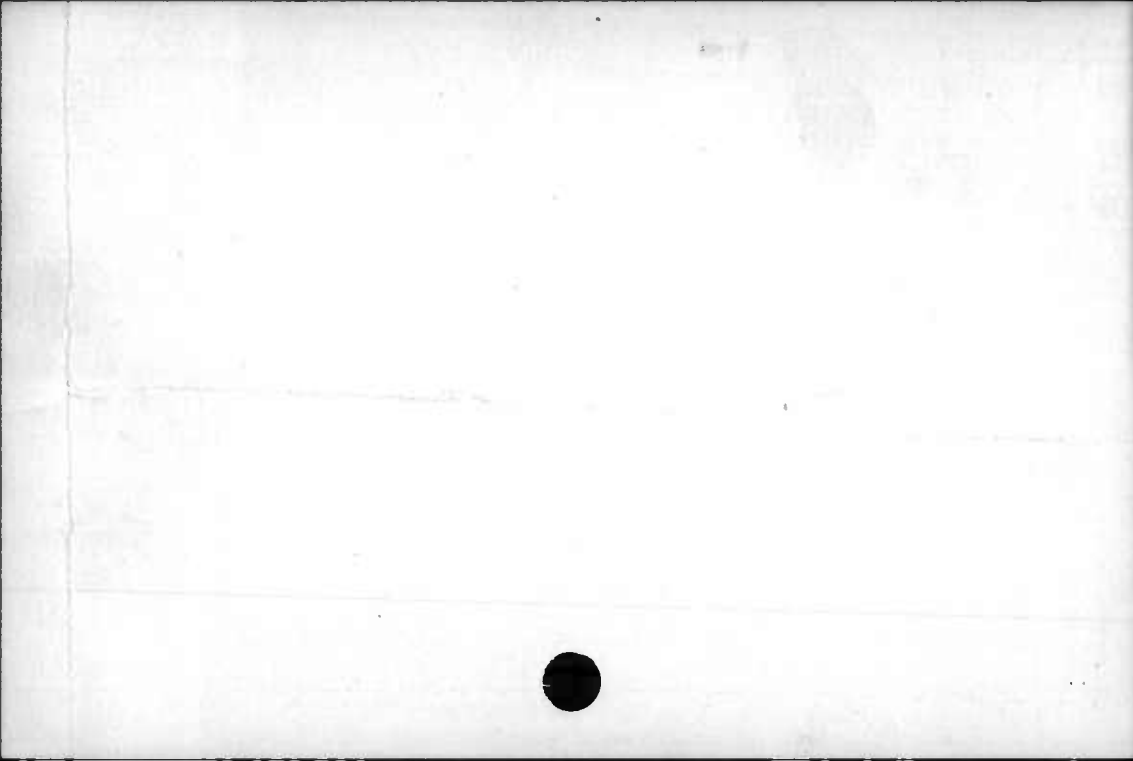
CAUSES OF DEATH

Primary *Cerebral Hemorrhage*How long *12 hours*Immediate *" "*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *Geoffort*Address *Burkittsville*
Maryland

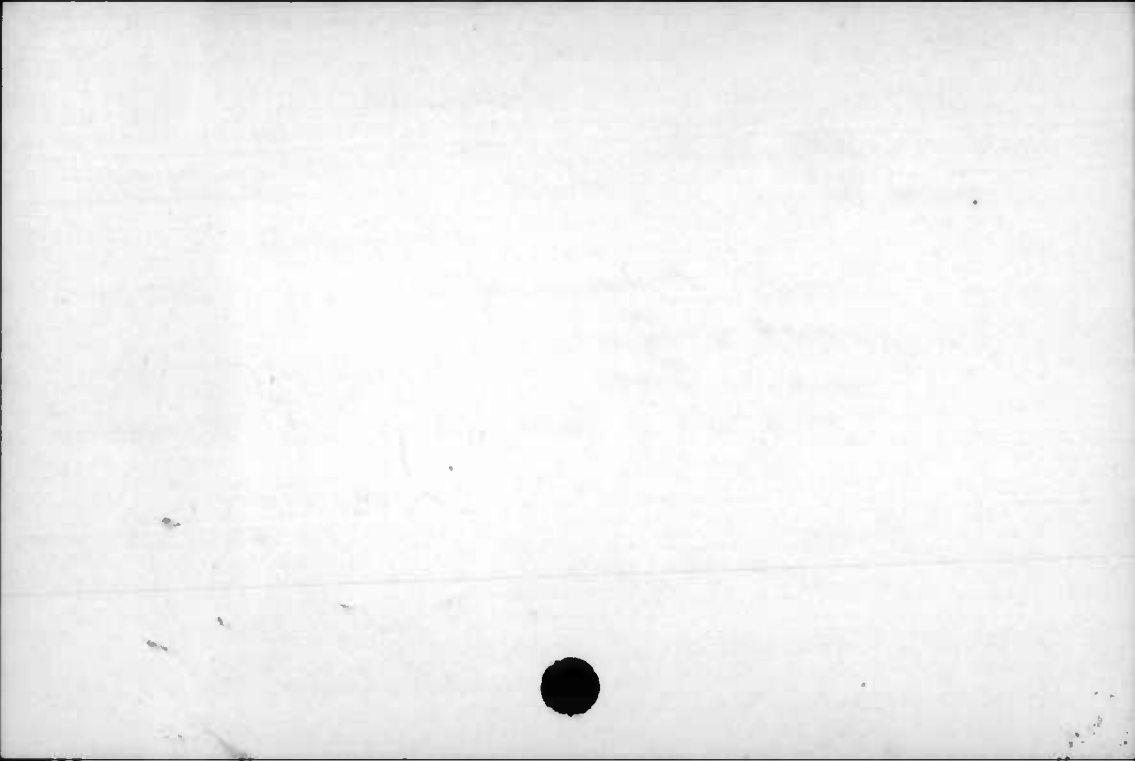
Accident or Suicide?



| | | | |
|---|--|---|--|
| Name in Full George Mayhew | | CERTIFICATE OF DEATH | |
| Died at Montgomery Hosp ^{Town} | | County Fred C | |
| Date of death 1907 ^{Month} 2 ^{Day} 20 ^{Years} 70 | | Months 70 Days 70 | |
| Sex Male | | Color or Race White | |
| Occupation Labor | | Where Residing if not at place of death Summit in Montgomery | |
| Married, Single or Widowed Married | | Name of Wife or Husband | |
| Father's Name Unknown | | Father's Birthplace Unknown | |
| Mother's Maiden Name Unknown | | Mother's Birthplace Unknown | |
| Name of person giving information | | How related to deceased | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> CAUSES OF DEATH </div> | | | |
| Immediate | | How long 10 minutes | |
| Pulmonary Hemorrhage | | How long | |
| Immediate | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes. | | Signature of Physician R. S. Lysons | |
| | | Address Frederick, Md. | |
| Accident or Suicide? | | | |

Recorded & Indexed
 TO BE ANSWERED BY
 NEAREST FRIEND

PHYSICIAN
 OR CORONER



| Name in Full | | TOWN | | | | COUNTY | | STATE | |
|--|--|------------------------|--|----------------------|--|----------|--|----------------------------------|--|
| Jodanna Maynard | | Johnsville | | Frederick | | MARYLAND | | CERTIFICATE OF DEATH | |
| Died at | | Date of death 1907 | | Month July | | Day 3 | | Age 66 | |
| Sex Female | | Color or Race white | | Birth-place Maryland | | Months 3 | | Days 29 | |
| Married, Single, or Widowed | | Occupation | | Housewife | | | | | |
| Name of Wife or Husband | | Basel Maynard | | | | | | | |
| Father's Name | | Jacob Fritzel | | | | | | Father's Birthplace | |
| Mother's Maiden Name | | Susan Fox | | | | | | Mother's Birthplace | |
| Name of person giving information | | Mrs. John Spurrier | | | | | | How related to deceased Daughter | |
| CAUSES OF DEATH | | | | | | | | | |
| Primary | | Grip | | | | | | How long about 10 days | |
| Immediate | | Heart Failure | | | | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | F. H. Sidwell | | | | | |
| | | Address | | Johnsville, Md. | | | | | |
| Accident or Suicide? | | | | | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1.



Name
in
Full

Rebecca Miles

CERTIFICATE OF DEATH

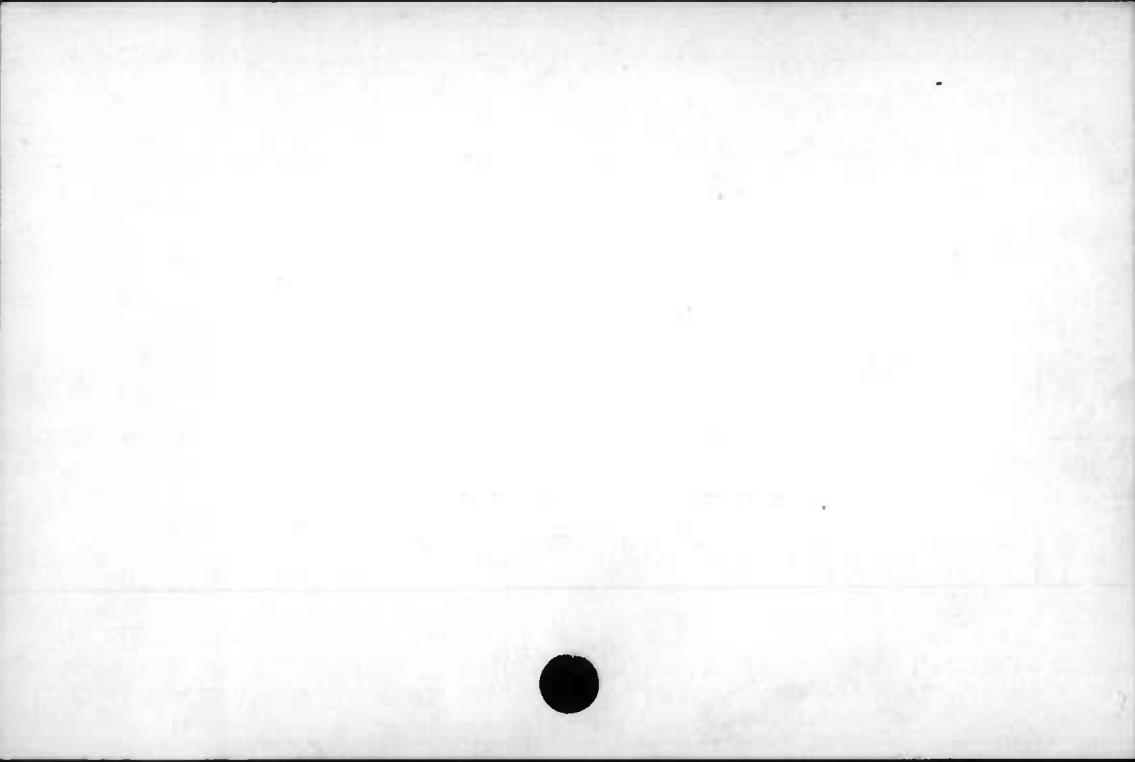
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------------|-----------------------------------|--|----------------------------|----------------------------|
| Died at <i>Indusett</i> ^{Town} | | <i>Indusett</i> ^{County} | | MARYLAND | |
| Date of death | <i>1907</i> ^{Month} | <i>Feb</i> ^{Day} | <i>18</i> ^{Age} | <i>46</i> ^{Years} | <i>—</i> ^{Months} |
| Sex | <i>Female</i> | Color or Race | <i>white</i> | Birth-place | <i>dent Howard</i> |
| Occupation | <i>Housewife</i> | | Where Residing if not at place of death <i>Park Mill</i> | | |
| Married, Single or Widowed | <i>married</i> | Name of Wife or Husband | <i>Chas Miles</i> | | |
| Father's Name | <i>John Medley</i> | | | Father's Birthplace | <i>red</i> |
| Mother's Maiden Name | <i>Rebecca Thompson</i> | | | Mother's Birthplace | <i>red</i> |
| Name of person giving information | <i>Chas Miles</i> <i>Husband</i> | | | How related to deceased | <i>Husband</i> |

CAUSES OF DEATH

| | | | |
|--|--|----------|-----------------------|
| Primary | <i>Exophthalmic Goiter</i> | How long | <i>40 or 45 years</i> |
| Immediate | <i>Parotid Tumor</i> | How long | <i>For 4 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>G. B. Johnson M.D.</i> | | |
| | Address <i>Indusett</i> | | |
| Accident or Suicide? | <i>red</i> | | |

PHYSICIAN
OR CORONER



Name

in
Full

Chas William Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|----------------|-----|-------------------------|-------|---------------------|------|
| Died at | | Town Shoals | | County Frederick | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1907 | | 2 | 9 | 1 | | | 26 |
| Sex | | Male | | Color or Race | | White | |
| Birth-place | | Shoals. | | Occupation | | X | |
| Where Residing if not at place of death | | Same | | Name of Wife or Husband | | | |
| Married, Single or Widow | | Single | | Father's Name | | Chas William Miller | |
| Mother's Maiden Name | | Wm J Schork. | | Father's Birthplace | | Pa. | |
| Name of person giving information | | J. B. Brown | | Mother's Birthplace | | Pa. | |
| How related to deceased | | none | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------|-------------------------|----------|
| Primary | Pneumonia. | How long | 12 days. |
| Immediate | Pericarditis | How long | 3 days. |
| Are the name, age, sex, color, date and place correctly given above? | | Yes. | |
| Signature of Physician | | C. H. Cowley. | |
| Address | | Adams Street Shoals. | |
| Accident or Suicide? | | | |

Wt O livec Feb. 11/10 -

R. Etchison

Name
in
Full

Asburn & Minnick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Middleboro ^{County} Ind ^{State} Maryland

Date of death 1907 ^{Month} Feb ^{Day} 11 ^{Age} 10 ^{Years} 10 ^{Months} 8 ^{Days}

Sex male Color or Race white Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Jacob Minnick Father's Birthplace Ind

Mother's Maiden Name Cora Gitzendanner Mother's Birthplace Ind

Name of person giving Information Jacob Minnick How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
CORONER

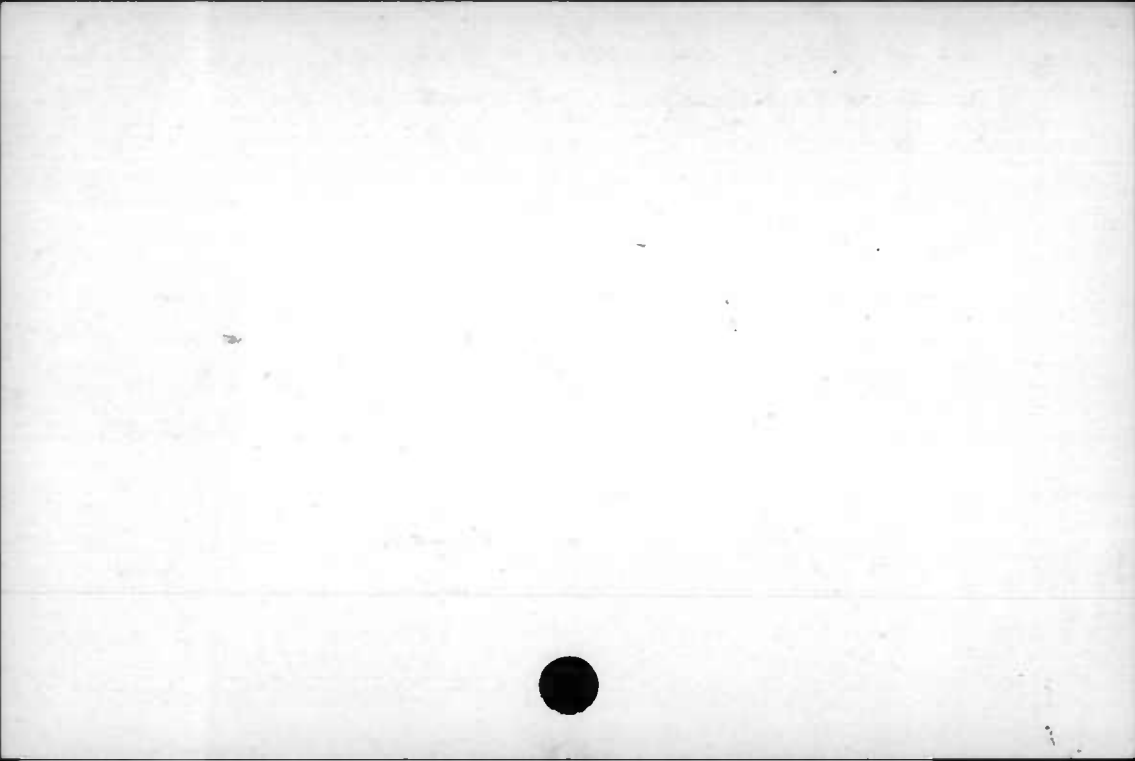
Primary Tuberculosis ☒ How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. Marshall Peete P.D. Address Middleboro Ind

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Napolean B Morgan

Died at ^{Town} *Fredericks*^{County} *Fredericks*

MARYLAND

Date
of death *1907*Month *2*Day *17*

Age

Years *60*Months *—*Days *—*Sex *Male*Color or
Race*White*Birth-
place*F. Co. Md*

Occupation

*Coach Painter*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Widower*Name of Wife
or Husband*Mary Boucheg*Father's
Name*William Morgan*Father's
Birthplace*F. Co. Md*Mother's
Maiden Name*Amelia Bartgis*Mother's
Birthplace*" " "*Name of person giving
information*Scott Morgan*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Syphilis, Influenza

How long

1 week

Immediate

acute congestion of lungs

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Frank Hedges
Fredericks*

Accident or Suicide?

*—*PHYSICIAN
OR CORONER
1

Dr. F. Hedges

Burial Feb 18

at Yellow Springs

Name
in
Full

Ben Holter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------------|---------------------|---------------|---|----|-------------|-------------------------|
| Died at <i>Ann Brunson</i> | | Town <i>Brunson</i> | | County <i>Durham</i> | | MARYLAND | |
| Date of death | 1907 | Month | Feb | Day | 28 | Age | Adult |
| Sex | male | | Color or Race | white | | Birth-place | — |
| Occupation | <i>Logan Carpenter</i> | | | Where Residing if not at place of death | | | <i>Brunson</i> |
| Married, Single or Widowed | <i>married</i> | | | Name of Wife or Husband | | | |
| Father's Name | | | | | | | Father's Birthplace |
| Mother's Maiden Name | | | | | | | Mother's Birthplace |
| Name of person giving information | | | | | | | How related to deceased |

CAUSES OF DEATH

| | | | | |
|--|----------------------|--|----------|------------------|
| Primary | <i>Killed by car</i> | | How long | <i>instantly</i> |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Levin West</i> | | |
| | | Address <i>Brunson Md</i> | | |
| Accident or Suicide? | | | | |

PHYSICIAN
OR CORONER

1



Name
in
Full

Mary Catherine Nusscar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Emmitsburg Frederick

MARYLAND

Date of death 1909 Feb. 22 Age 66

Months

Days

Sex Female

Color or
Race

White

Birth
place

Emmitsburg

Occupation

House. wife

Where Residing if not
at place of death

Emmitsburg

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Jesse H. Nusscar

Father's
Name

Charles W. Nusscar

Father's
Birthplace

Emmitsburg

Mother's
Maiden Name

Not known

Mother's
Birthplace

Emmitsburg

Name of person giving
Information

Under taken

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

Two years

Immediate

Edema Pulmonalis

How long

Six hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

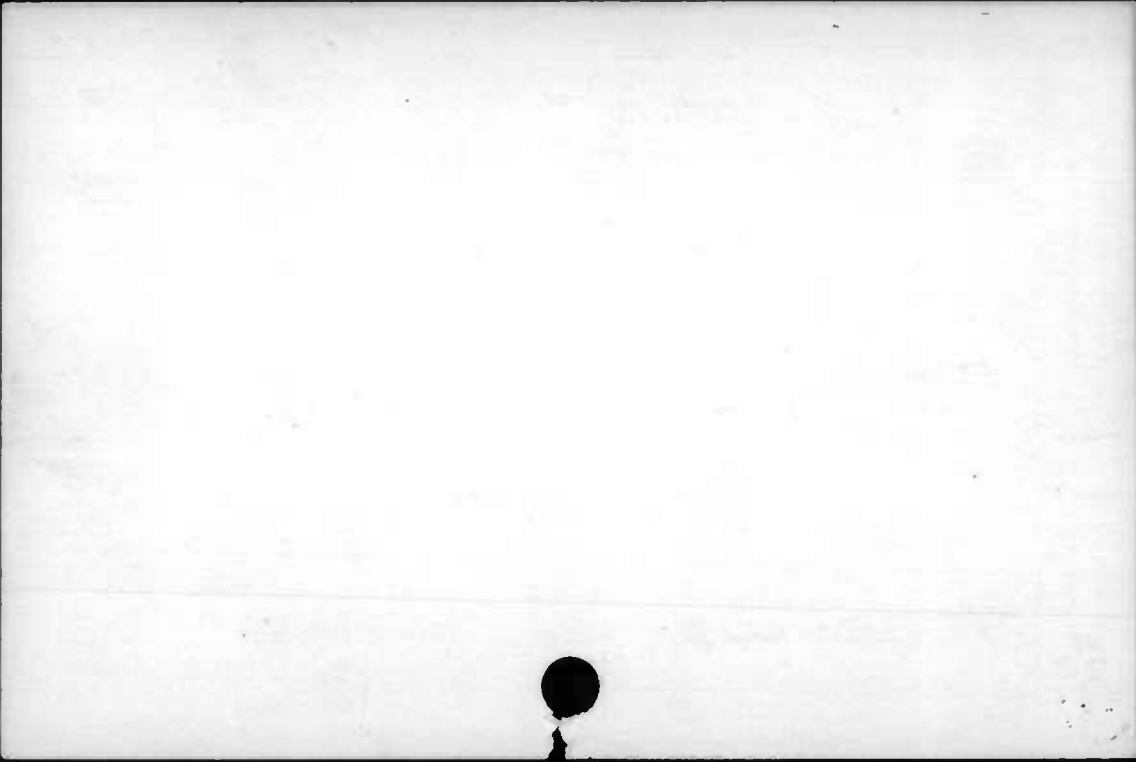
R. J. Jamison

Emmitsburg

Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

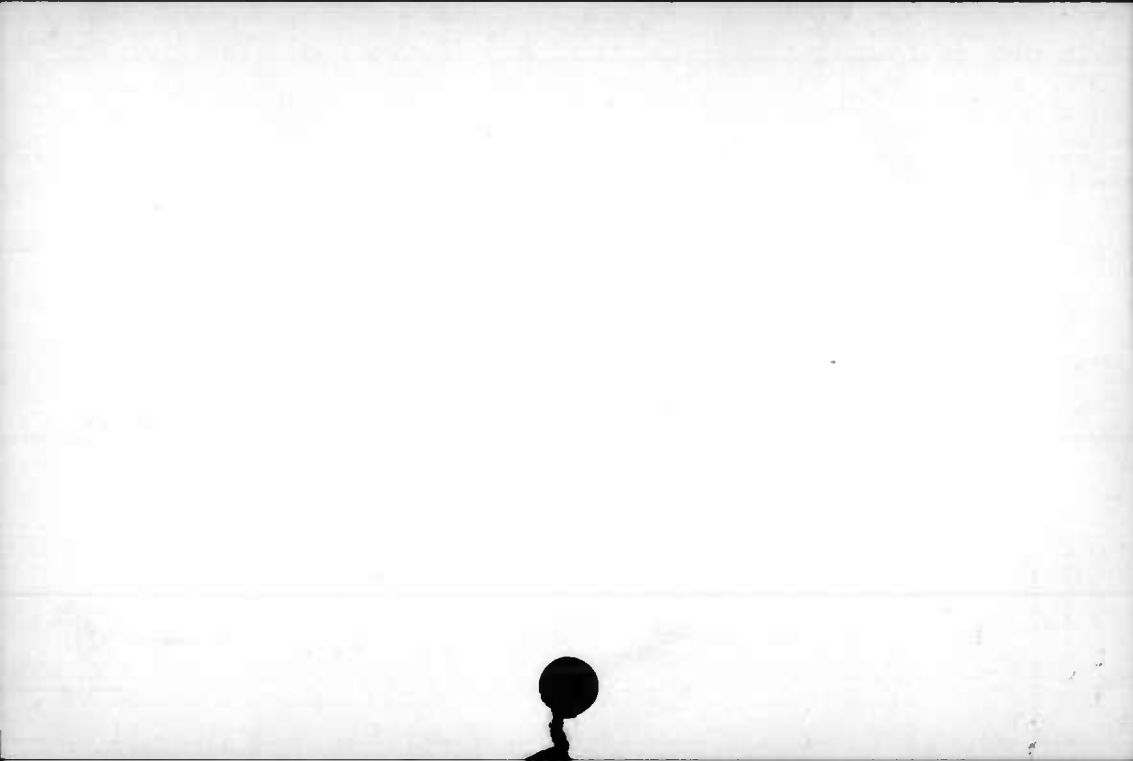
| | | | |
|---|--|----------------------------|----------------------------|
| Died at <i>Medesville</i> ^{Town} <i>Marshall</i> ^{County} | | MARYLAND | |
| Date of death | <i>1907</i> ^{Year} <i>Feb.</i> ^{Month} <i>16</i> ^{Day} <i>58</i> ^{Age} | <i>4</i> ^{Months} | <i>8</i> ^{Days} |
| Sex | <i>Male</i> | Color or Race | <i>White</i> |
| Occupation | <i>Merchant</i> | Birth-place | <i>Baltimore, Maryland</i> |
| Where Residing if not at place of death | | <i>Medesville, Md.</i> | |
| Married, Single or Widowed | <i>Married</i> | Name of Wife or Husband | <i>Edith M. Best</i> |
| Father's Name | <i>Capt. Herman D. Ordeman</i> | Father's Birthplace | <i>Prussia</i> |
| Mother's Maiden Name | <i>Catharine Schumacher</i> | Mother's Birthplace | <i>Paris</i> |
| Name of person giving information | <i>Medesville, Md.</i> | How related to deceased | <i>Brother</i> |

CAUSES OF DEATH

| | | | |
|--|--|------------------------|---------------------------|
| Primary | <i>Sciatica</i> | How long | <i>One month</i> |
| Immediate | <i>Acute Indigestion & Hardiness</i> | How long | <i>10 Minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>D. J. Haffey, M.D.</i> |
| | | Address | <i>Medesville, Md.</i> |
| Accident or Suicide? | | | |

PHYSICIAN
OR CORONER

1



Name
in
Full

Charles Palmer

CERTIFICATE OF DEATH

Died at ^{Town} *Woodsville* ^{County} *Frederick* **MARYLAND**

Date of death *1907* ^{Month} *Feb* ^{Day} *4* ^{Years} *5* ^{Months} ^{Days}

Sex *male* Color or Race *white* Birth-place *Ind*

Occupation *child* Where Residing if not at place of death */*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Gastro-Intestinal Trouble

How long

about 1 mo.

Immediate

Suppurative Tonsillitis

How long

*about 1 wk.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. Smith*

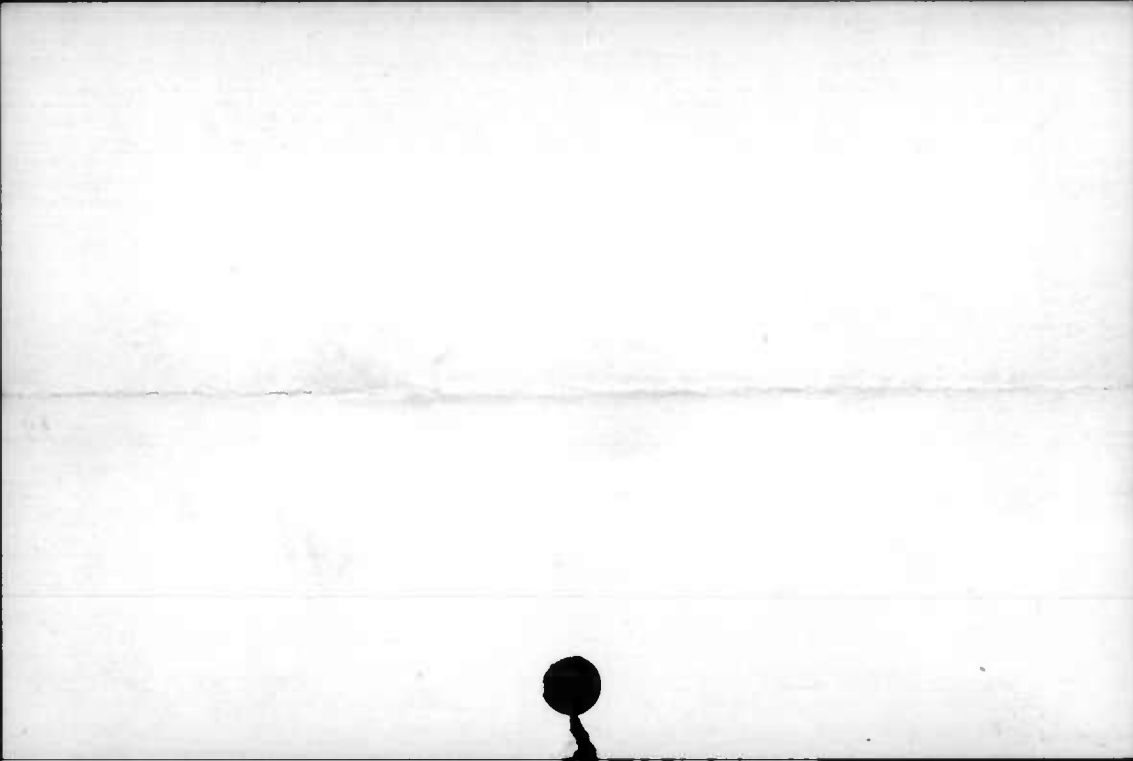
Address

*Woodsville
Ind**I first saw child ur-
ining 7 30th.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Sarah Keys Parker

CERTIFICATE OF DEATH

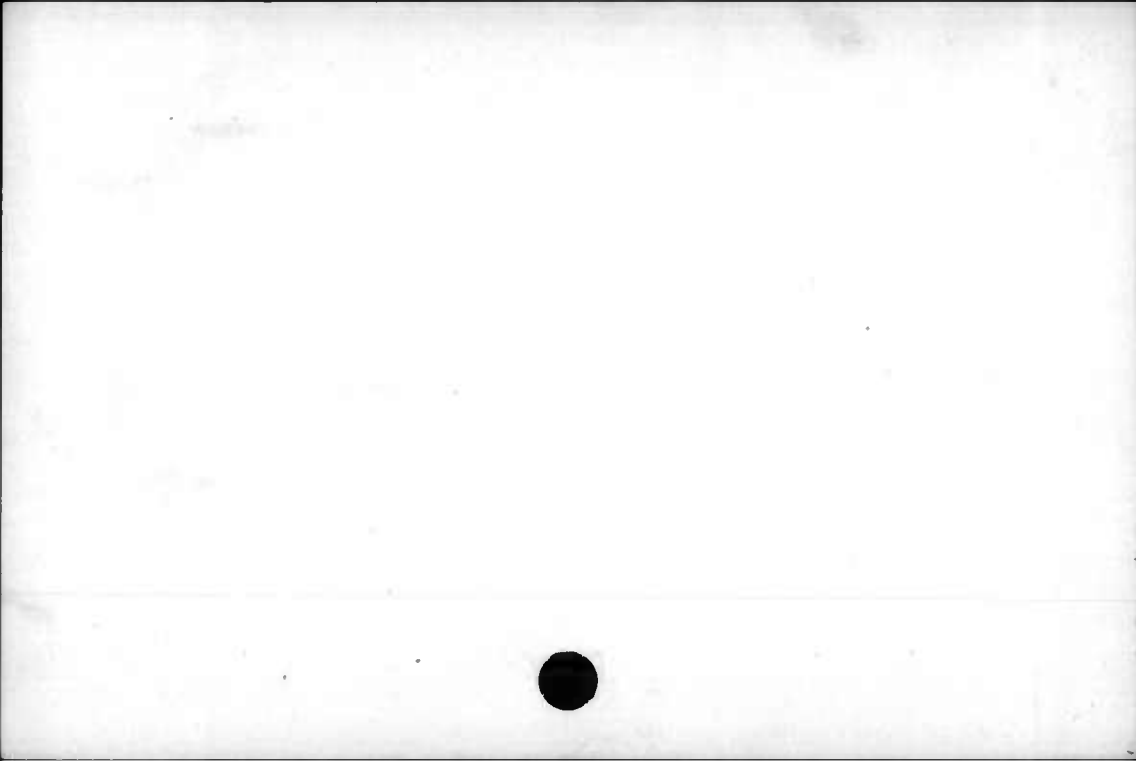
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|-------------|-------------------|----------------------------|--|----------------------------|-----------------|------|
| Died at | | Town Frederick | | County Frederick | | MARYLAND | |
| Date of death | | 1907 | Month Feb | Day 6 | Years 32 | Months 8 | Days |
| Sex | Female | | Color or Race | Colored | | Birth- place | Md. |
| Occupation | Domestic | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | Chas Parker | | | |
| Father's Name | Don't know | | | | Father's Birthplace | | |
| Mother's Maiden Name | Don't know | | | | Mother's Birthplace | | |
| Name of person giving In formation | Chas Parker | | | | How related to deceased | Husband | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------|---------------------------|-------------------|
| Primary | Peritonitis | How long | Several days |
| Immediate | Cardiac Asthenia | How long | Several days |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Dr. W. G. Bourne |
| | | Address | Frederick, Md. |
| Accident or Suicide? | | | |



Name
in
Full

Dr. Mary Louise Bellard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------|--|---|---------------------------|------|
| Died at <i>Fredk</i> | | County <i>Fredk</i> | | MARYLAND | |
| Date of death | 1907 | Month | 2 | Day | 17 |
| Age | | Years | | Months | Days |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>France</i> | |
| Occupation <i>Religious</i> | | Where Residing, if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>?</i> | | Father's Birthplace <i>France</i> | | | |
| Mother's Maiden Name <i>?</i> | | Mother's Birthplace <i>France</i> | | | |
| Name of person giving information | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|---------------|
| Primary | <i>Dilatation of Heart Mitral Disease</i> | How long | <i>?</i> |
| Immediate | <i>Hypertensive congestive heart failure</i> | How long | <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>W. C. [unclear]</i> | |
| <i>Yes</i> | | Address <i>Fredkmd</i> | |
| Accident or Suicide? | | <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|----------------------------------|-----------------|----------|------|
| Died at <i>Montgomery Hospital Frederick</i> | | County <i>Frederick</i> | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>11</i> | Years <i>81</i> | Months | Days |
| Sex <i>male</i> | Color or Race <i>white</i> | Birth-place <i>Montgomery Co</i> | | | |
| Occupation <i>blacksmith</i> | Where Residing if not at place of death <i>Montgomery Hospital</i> | | | | |
| Married, Single or Widowed <i>widower</i> | Name of Wife or Husband <i>Mary E. Penn</i> | | | | |
| Father's Name <i>James Penn</i> | Father's Birthplace <i>Mont Co Md</i> | | | | |
| Mother's Maiden Name <i>Mary Snyder</i> | Mother's Birthplace <i>Fred Co Md</i> | | | | |
| Name of person giving information <i>Oliver P. Penn</i> | How related to deceased <i>son</i> | | | | |

CAUSES OF DEATH

Primary

Genl debility **154** How long

Immediate

Exhaustion How long *Six months*

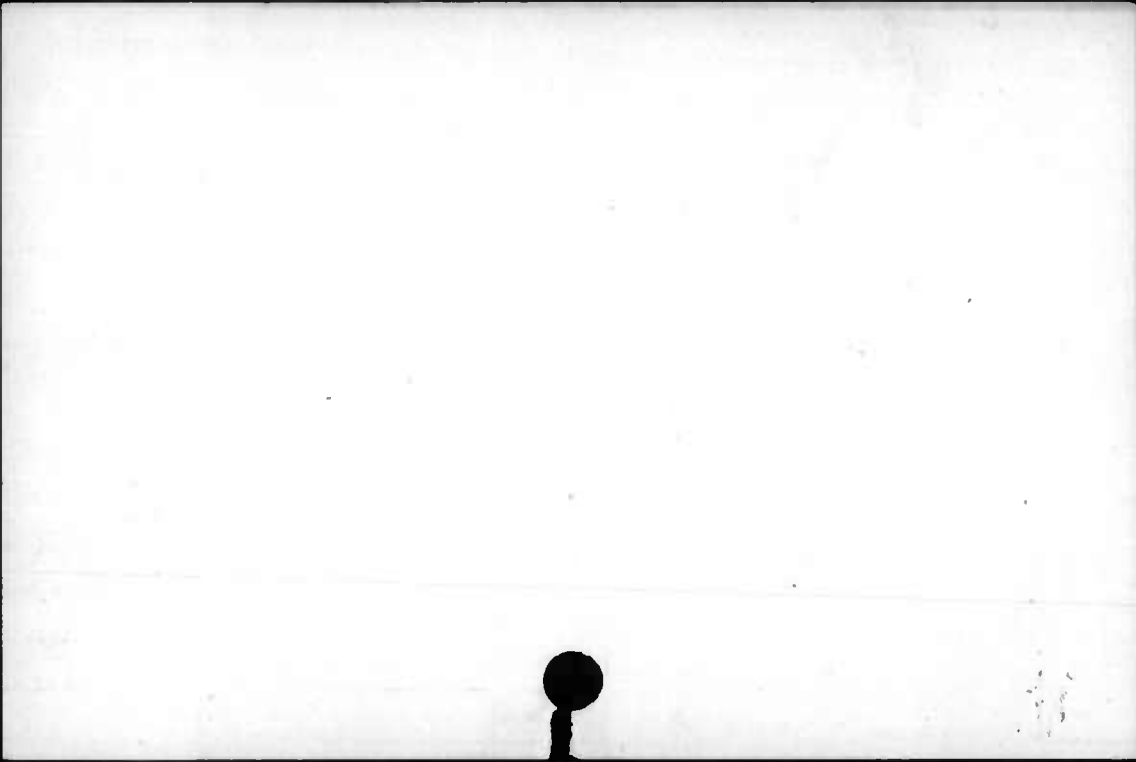
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. S. Lyson
Frederick
Md.

Accident or Suicide?



Name
in
Full

Luther C. Putman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Stalkersville*

Town

Frederick

County

MARYLAND

Date

1907

Month

Feb.

Day

8

Age

39

Years

Months

5

Days

10

Sex

*Male*Color or
Race*White*Birth-
place*Woodsborough*

Occupation

*Undertaker*Where Residing if not
at place of death*Stalkersville, Md.*Married, Single
or Widowed*Married*Name of Wife or
Husband*Gerdie Barton*Father's
Name*Samuel Putman*Father's
Birthplace*Middletown, Md.*Mother's
Maiden Name*Elizbeth Sumner*Mother's
Birthplace*"**"*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Progressive Paralysis

How long

8 Months

Immediate

Apoplexy

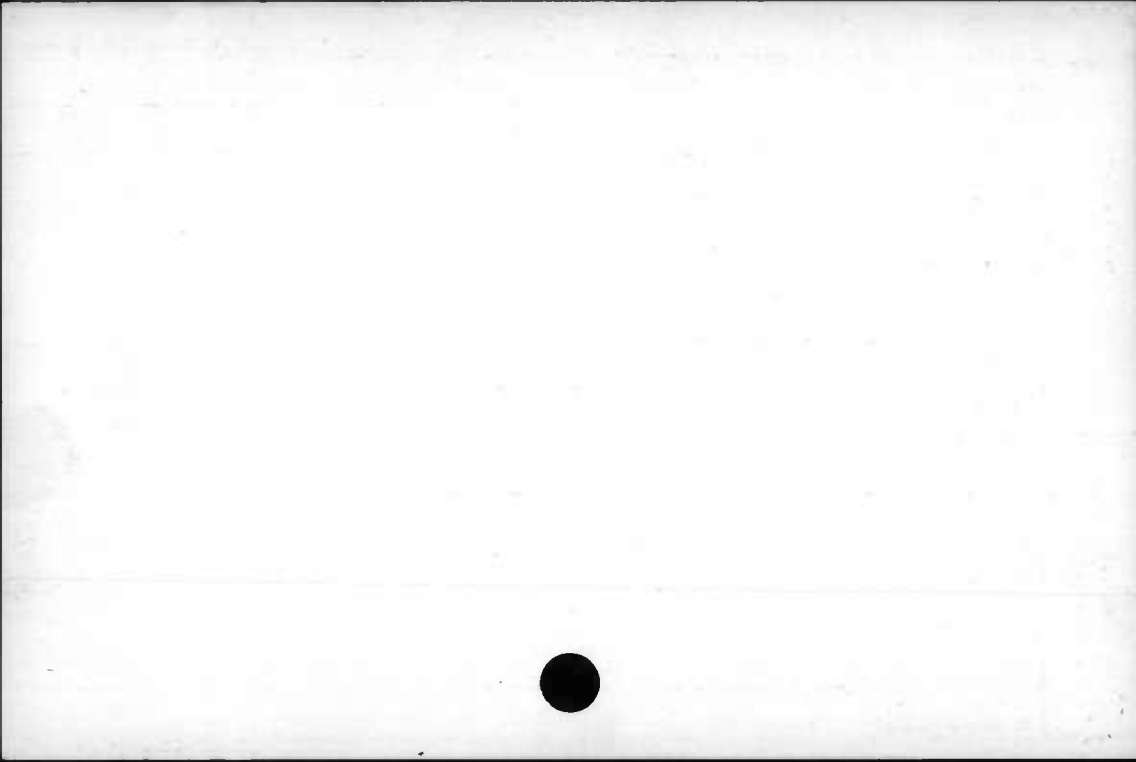
How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*John J. Rensburg
Stalkersville, Md.*

Accident or Suicide?



Name
in
Full

Rachel Rages

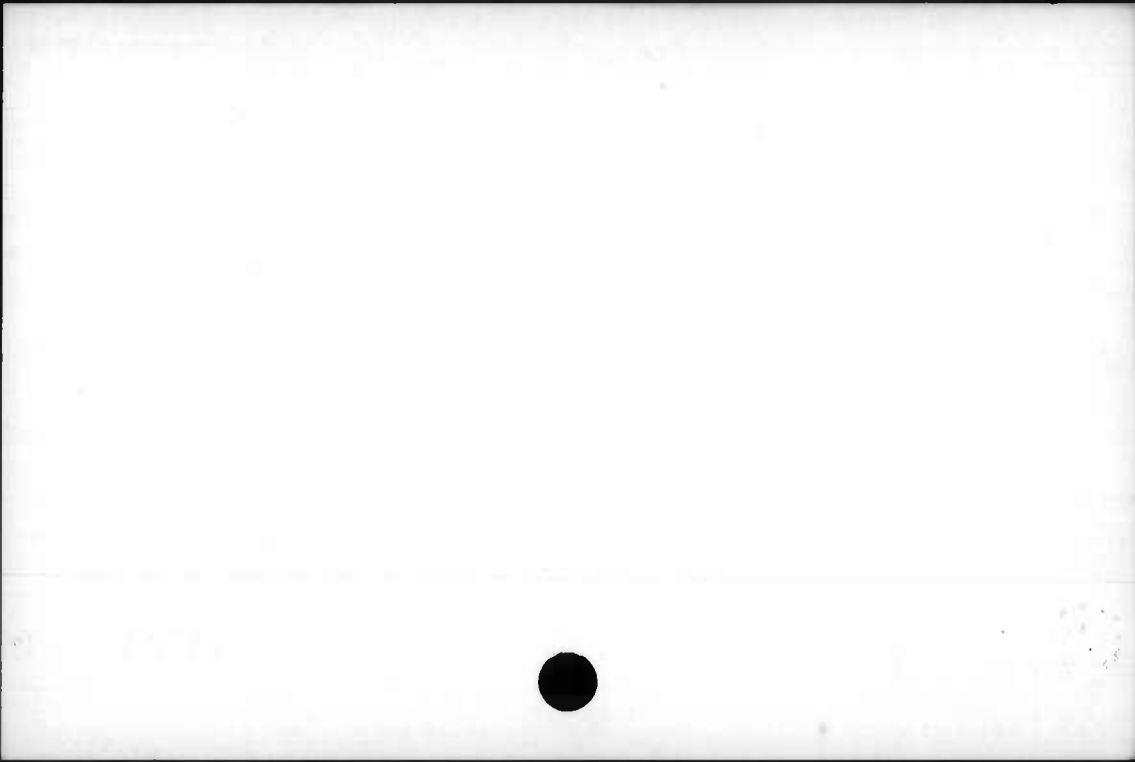
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|---------------|-------------------|----------------------------|--|-------|----------------------------|-----------------------|
| Died at | | Town Frederick | | County Frederick | | MARYLAND | |
| Date of death | 1907 | Month Feb | Day 10 | Age 58 | Years | Months | Days |
| Sex | Female | | Color or Race | Colored | | Birth- place | Md. |
| Occupation | Domestic | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widowed | | Name of Wife or Husband | Solomon Rages | | | |
| Father's Name | Joseph Brewer | | | | | Father's Birthplace | Montg ⁶ Md |
| Mother's Maiden Name | Hannah Rines | | | | | Mother's Birthplace | " " " |
| Name of person giving In formation | Horace Brewer | | | | | How related to deceased | Brother |

CAUSES OF DEATH

| | | | | | |
|----------------------------|---|---|---------------------------|------------------|------------|
| PHYSICIAN OR CORONER | Primary | Chronic Heart Disease Cardiac Asthenia - ? | | How long | Indefinite |
| | Immediate | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Dr. U. S. Browne | |
| | | | Address | Frederick, Md | |
| Accident or Suicide? _____ | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

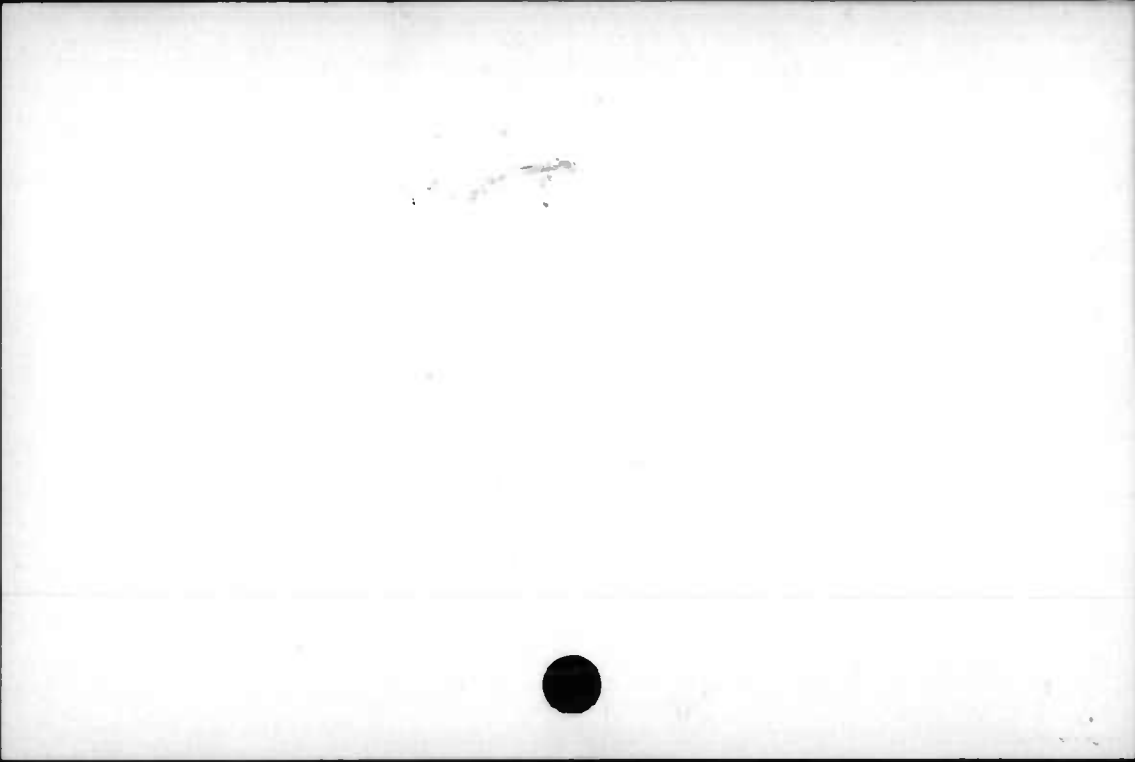
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|-------------------------|---|-----------------|------------------|
| Died at <i>Walkersville</i> Town | | <i>Frederick</i> County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>27</i> | Age | Years <i>10</i> | Months <i>17</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Walkersville</i> | | |
| Occupation <i>C</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name <i>Reddick</i> | | | Father's Birthplace <i>CD</i> | | |
| Mother's Maiden Name <i>-</i> | | | Mother's Birthplace <i>opa</i> | | |
| Name of person giving information <i>Undertaker Putnam</i> | | | How related to deceased <i>parents</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Myocardial Infarction</i> | How long <i>6</i> months |
| Immediate <i>Coronary</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. J. H. Adams</i> |
| | Address <i>Walkersville Ind</i> |
| Accident or Suicide? | |



Name
in
Full

Eva Bremer

CERTIFICATE OF DEATH

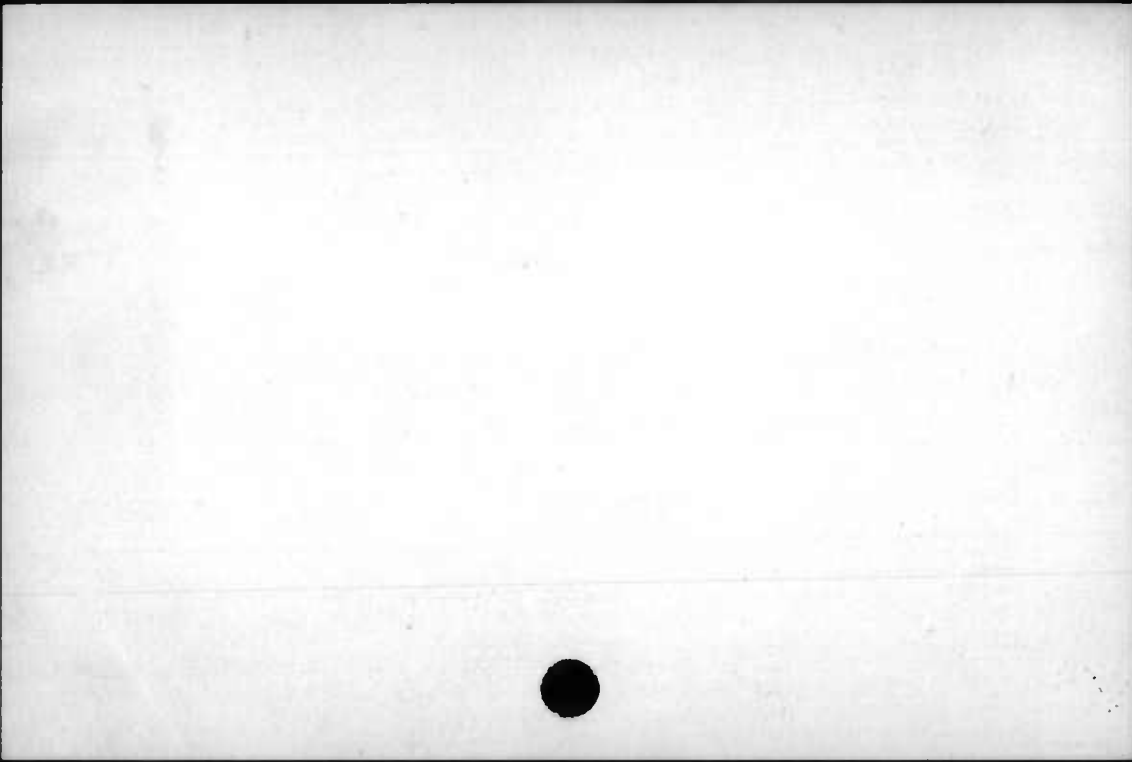
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|---|------------------------------------|----------|------|
| Died at <i>Myersville</i> Town | | <i>Findley</i> County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Feb</i> | Day <i>12th</i> | Age <i>77</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Md</i> | | | |
| Occupation _____ | | Where Residing if not at place of death _____ | | | |
| Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband _____ | | Father's Birthplace <i>Germany</i> | | |
| Father's Name <i>Henry Dusing</i> | | Mother's Birthplace _____ | | | |
| Mother's Maiden Name <i>Leukman</i> | | How related to deceased <i>Daughter</i> | | | |
| Name of person giving information <i>Henry Frey</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

| | |
|---|---|
| Primary <i>Lia Grippe</i> | How long <i>14 days</i> |
| Immediate <i>Bronchopneumonia</i> | How long <i>5 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. C. Wheeler</i> |
| | Address <i>Brownboro Md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

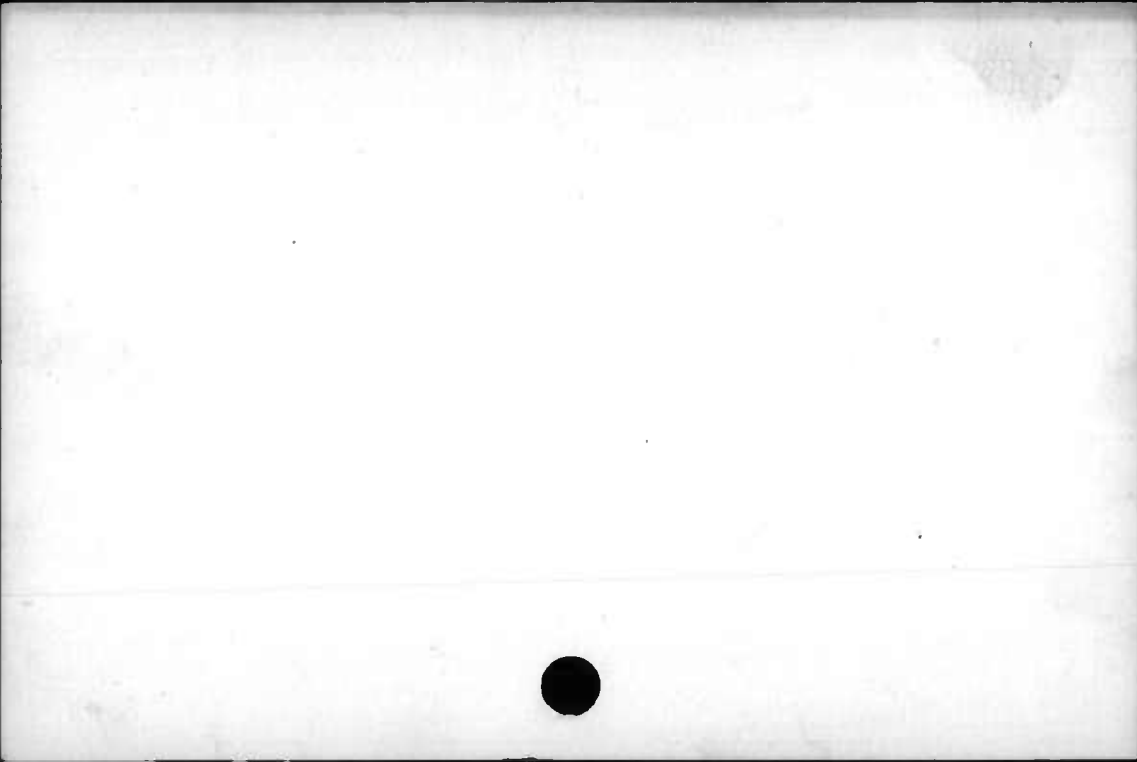
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|--------------------------------------|--|--------------------|--|
| Name in Full Edward Smith Rice | | Town Jefferson | | County Frederick | | MARYLAND | |
| Died at | | Month 2 | | Day 8 | | Years 74 | |
| Date of death 190 | | Months 5 | | Days 21 | | | |
| Sex Male | | Color or Race White | | Birth-place Near Jefferson | | | |
| Occupation None | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband Frances A. Rice | | | | | |
| Father's Name George Rice | | Father's Birthplace | | | | | |
| Mother's Maiden Name Catherine House | | Mother's Birthplace | | | | | |
| Name of person giving information H. L. Rice | | How related to deceased Brother | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

| | | | |
|--|--|--|--|
| Primary Parelysis | | How long Couple days | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician D. H. Bales, M.D. | |
| | | Address Jefferson, Md. | |
| Accident or Suicide? | | | |



Name
in
Full

Charles Rollins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fredricks ^{Town} Fredricks ^{County} **MARYLAND**

Date of death 1907 ^{Month} 2 ^{Day} 6 ^{Years} 65 ^{Months} — ^{Days} —

Sex Male Color or Race Black Birth-place Mod

Occupation Laborer Where Residing if not at place of death Same

Married, Single or Widowed Widower Name of Wife or Husband Mary Bower

Father's Name Henry Rollins Father's Birthplace Mod

Mother's Maiden Name Elizabeth Snowden Mother's Birthplace "

Name of person giving information Charles F. Johnson How related to deceased Grand son

CAUSES OF DEATH

Primary Chronic Heart Disease How long Several years

Immediate Valvular lesion How long —

Are the name, age, sex, color, date and place correctly given above?

yes

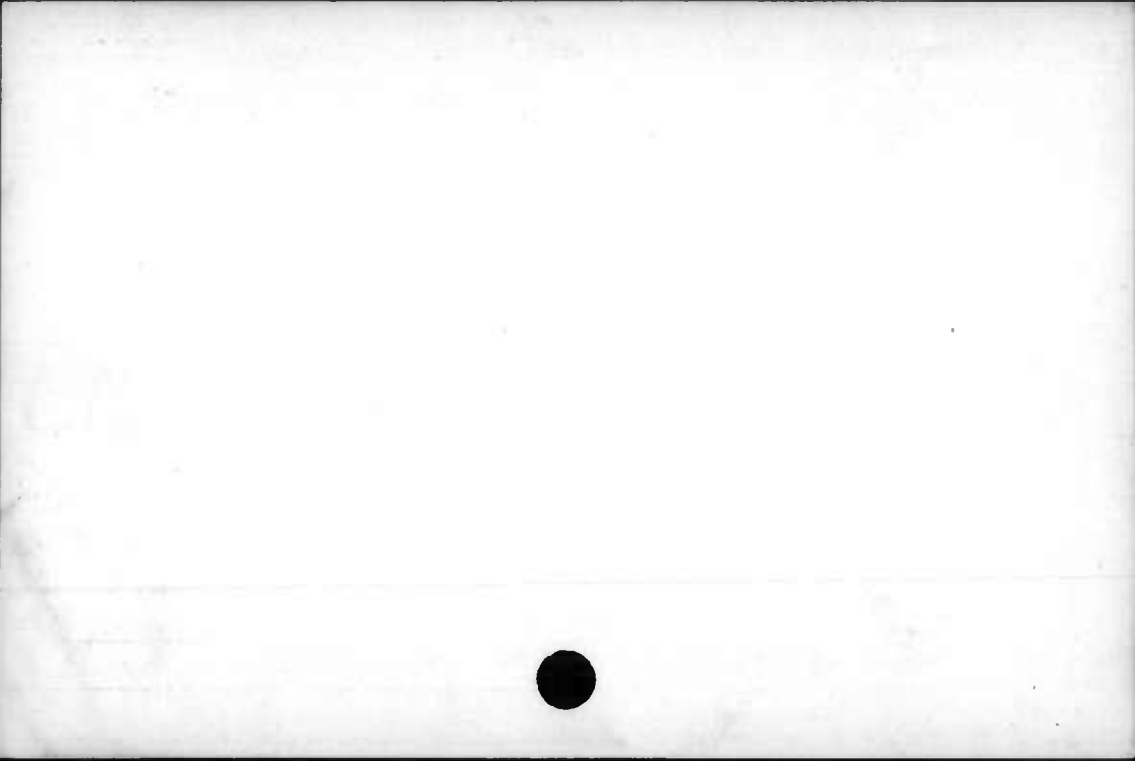
Signature of Physician

Address

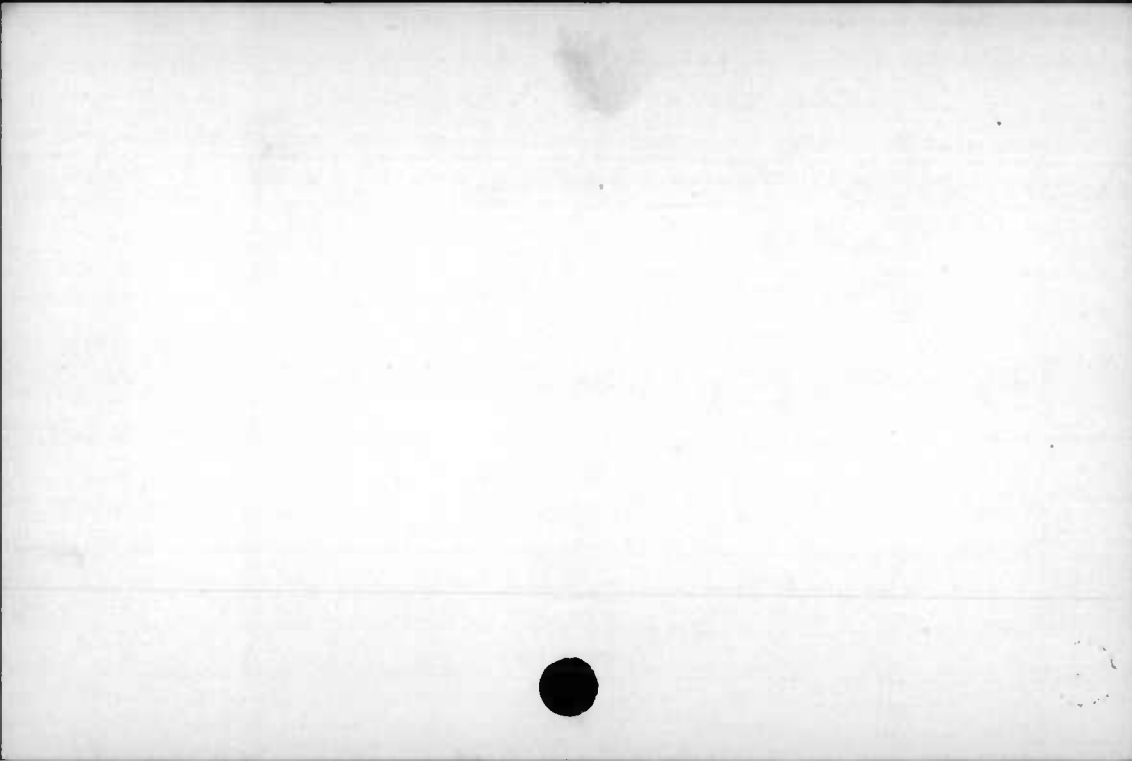
W. B. Bourn M.D.

Fredricks, Md

Accident or Suicide? —



| Name in Full | | Elsie Sanger | | | | CERTIFICATE OF DEATH | |
|---------------------------------------|---|---|--------------------|----------------------------|----------------------------|----------------------|-------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Brennsvick | | County Frederick | | MARYLAND |
| | Date of death | | 1907 | Month Feb | Day 4 | Age 1 | Months 5 |
| | Sex | | Female | | Color or Race | | White |
| | Occupation | | chess | | Birth- place | | md |
| | Where Residing if not at place of death | | | | | | |
| | Married, Single or Widowed | | Single | | Name of Wife or Husband | | - |
| | Father's Name | | Albert C. Sanger | | Father's Birthplace | | Pa |
| Mother's Maiden Name | | Elin Garnett Booth | | Mother's Birthplace | | md | |
| Name of person giving In formation | | Albert C. Sanger | | How related to deceased | | Father | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Pneumonia | | How long | | 3 days |
| | Immediate | | u | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | Lerin Trust |
| | | | | | Address | | Brennsvick Frederick Co |
| Accident or Suicide? | | <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; width: 10px; height: 10px; transform: rotate(45deg);"></div> </div> | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

Henry Schaeffer.

Town

County

Died at

Fredericks

Frederick.

MARYLAND

Date

of death 1907

Month

2

Day

10

Years

49

Age

Months

11

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Frederick Md

Occupation

Baker

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rosa M. Bouchey

Father's
Name

Conrad Schaeffer

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary E. Adams

Mother's
Birthplace

"

Name of person giving
In formation

Mrs. Blair

How related
to deceased

Sister

CAUSES OF DEATH

Primary

How long

Immediate

Paralysis of Heart

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

M Goodman Md
Frederick Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr. Goodman

Dr. Thomas

Mt. Olivet. Feb 13

Name
in
Full

Mary Sheffer

CERTIFICATE OF DEATH

Died at ^{Town} Middletown ^{County} Frederick MARYLANDDate of death 1907 ^{Month} Feb ^{Day} 9 ^{Age} 91 ^{Years} 8 ^{Months} 16 ^{Days}

Sex Female Color or Race White Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name George Rautzahn ✓ Father's Birthplace

Mother's Maiden Name Bonulus Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary General debility of age 154 How long Several years

Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. B. Beckley

Address Middletown

Accident or Suicide? Head

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Franklin Page Shepley.

CERTIFICATE OF DEATH

Died at

Myersville

Town

Frederick

County

MARYLAND

Date

of death 1907

Month

Feb

Day

24

Age

Years

One

Months

5

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Myersville

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Melvin F. Shepley

Father's
Birthplace

Myersville

Mother's
Maiden Name

Bessie M. Butts

Mother's
Birthplace

Burkittsville

Name of person giving
Information

M. F. Shepley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

Asthma

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes.

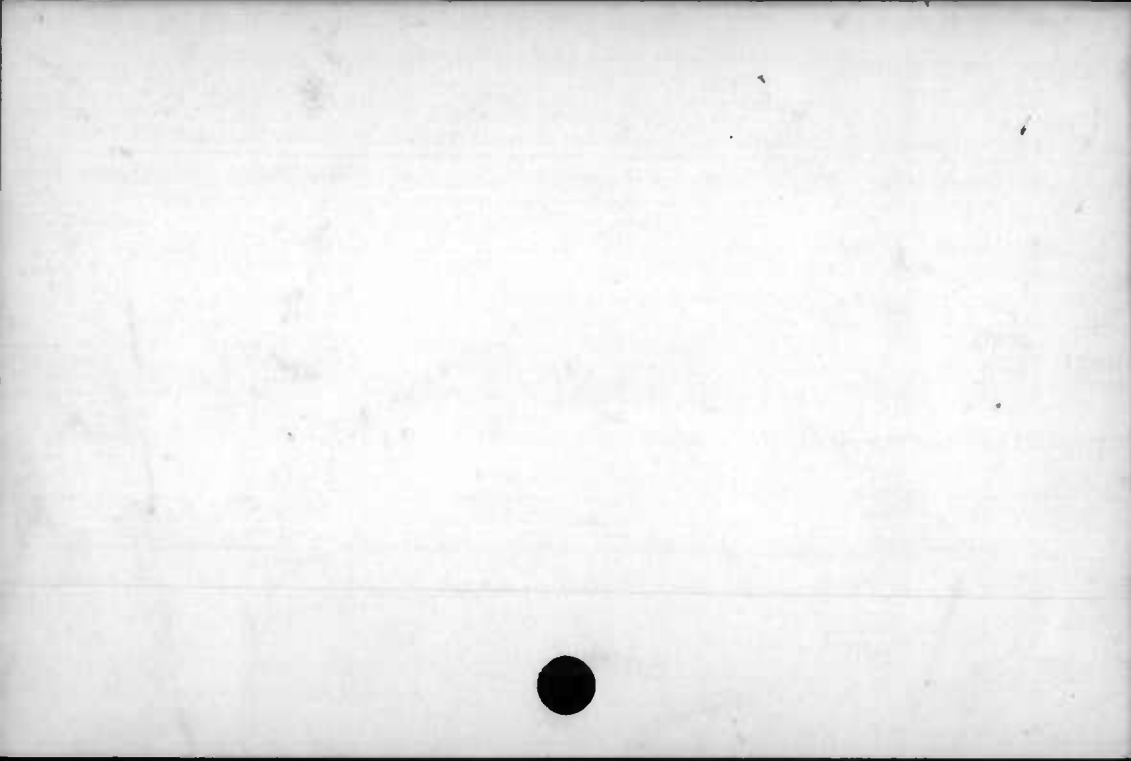
Signature of
Physician

Address

Calvin Graham
Myersville, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

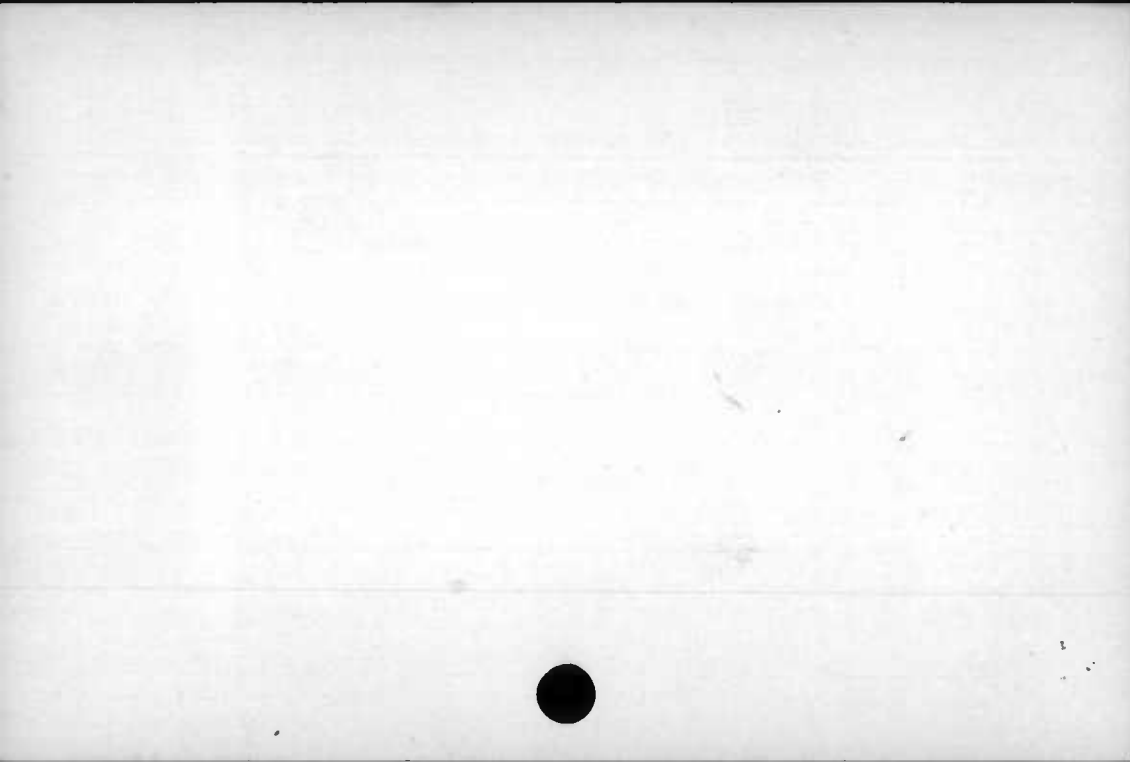
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------|-------|---------------|-------------------------|---------|-------------|---------------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1907 | | Feb | 20 | 84 | | | 10 |
| Sex | Females | | Color or Race | White | | Birth-place | Frederick Co. |
| Married, Single or Widowed | Single | | | Occupation | Retired | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Joshua Shivers | | | | Fred. Co. | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Margaret De-Beny | | | | " " | | | |
| Name of person giving information | | | | How related to deceased | | | |
| Edward Shivers | | | | Brother | | | |

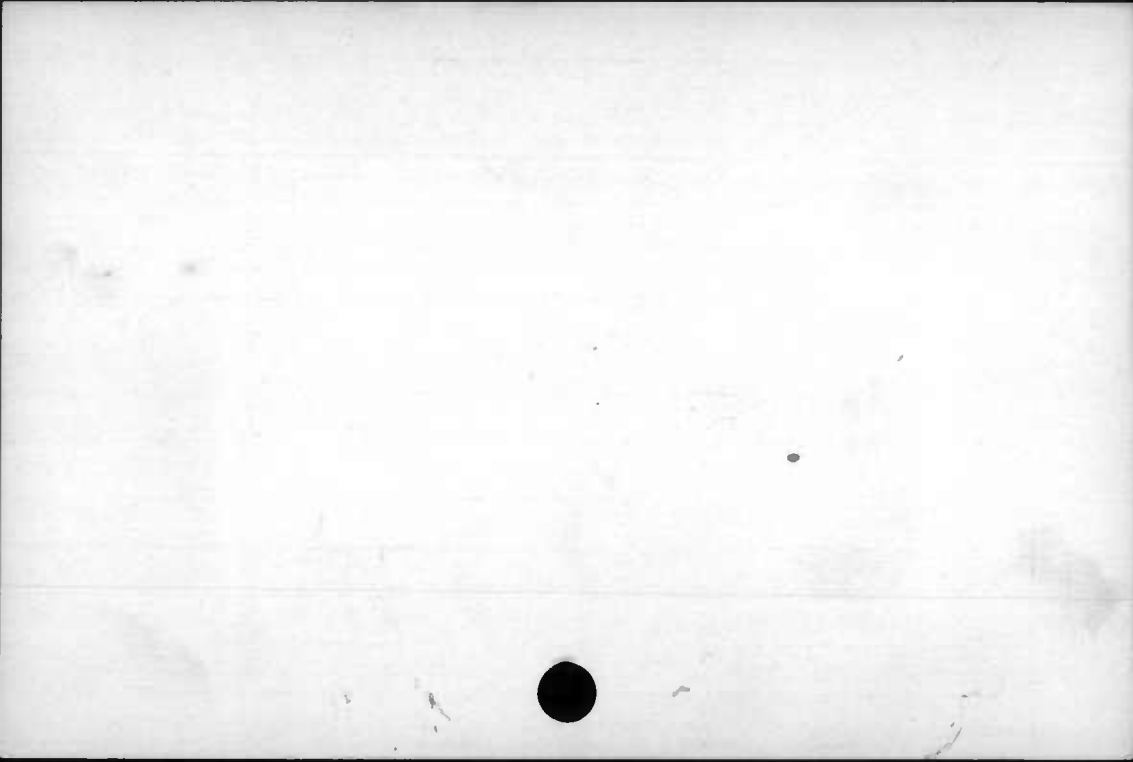
CAUSES OF DEATH

PHYSICIAN
OR CORONER

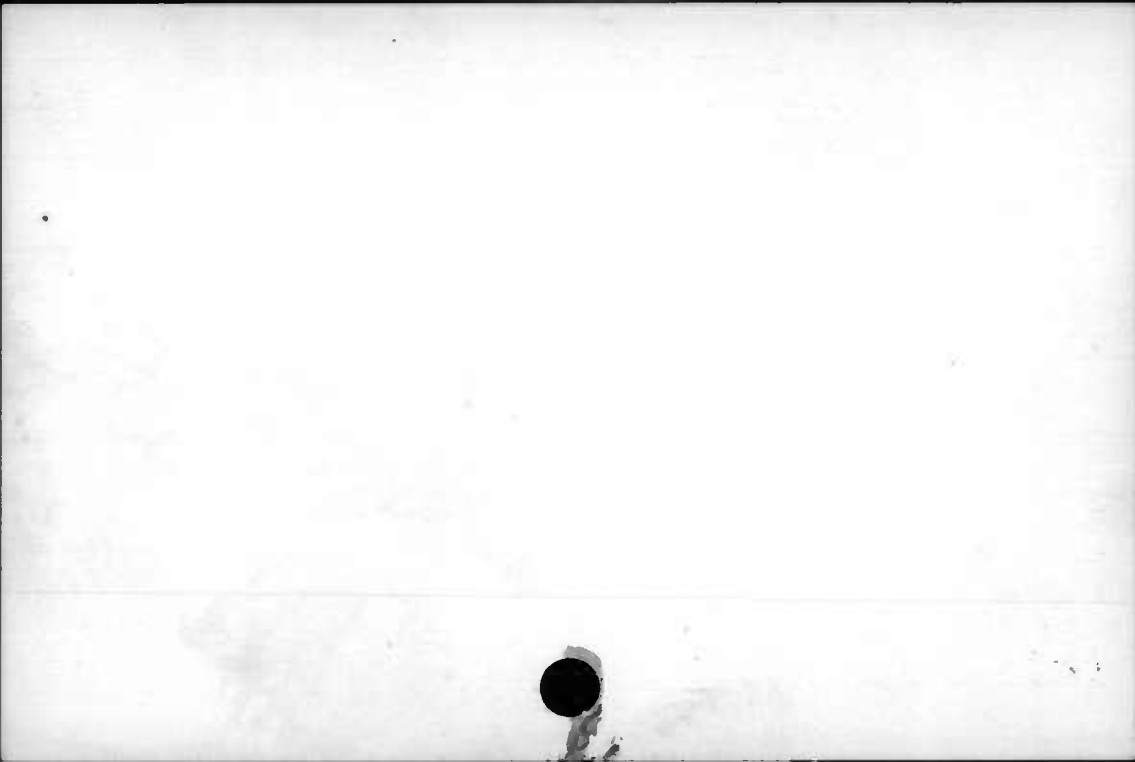
| | | |
|--|------------------|------------------------|
| Primary | General Debility | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician |
| Yes to best of my knowledge | | B. A. Stultz |
| Address | | Woodburn |
| Accident or Suicide? | | Md. |



| Name in Full | | Certificate of Death | | | |
|--|--|----------------------------|------------------------|---------------------|---------------|
| Annie M. Slagle | | Town Near New Midway | | County Frederick | |
| Died at | | MAYLAND | | | |
| Date of death 1907 | Month Feb. | Day 14 | Age 74 | Months 10 | Days 14 |
| Sex Female | Color or Race White | Birth-place Do not know | | | |
| Married, Single or Widowed Married | Occupation Housewife | | | | |
| Name of Wife or Husband Eli Slagle | | | | | |
| Father's Name Jacob Wine | | Father's Birthplace | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | |
| Name of person giving information | | How related to deceased | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN PREPARED <input checked="" type="checkbox"/> | Primary | Paralysis | | How long | About 5 years |
| | Immediate | General Debility | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | |
| | | | Address | | |
| Accident or Suicide? | | Woodstown Md. | | | |



| Name in Full | | Still birth, infant, 5. Smith | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|-------------------------------|------------------------|---|----------------------|-------------------------|--------------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>New Orleans</i> | | Town <i>Frederick</i> | | County | | MARYLAND |
| | Date of death | 1907 | Month | 2 | Day | 3 | Age 12 hours |
| | Sex | Male | | Color or Race | White | | Birth-place <i>New Orleans</i> |
| | Occupation | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | | | Name of Wife or Husband | | | |
| | Father's Name | <i>William Smith</i> | | | | Father's Birthplace | <i>Ort. Kans.</i> |
| | Mother's Maiden Name | <i>Alice Grubbs</i> | | | | Mother's Birthplace | <i>Frederick Co</i> |
| Name of person giving information | | | | | | How related to deceased | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | <i>Premature birth</i> | | | | How long |
| | Immediate | | <i>Premature birth</i> | | | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | <i>W. H. Gable</i> | | |
| | | | Address | | <i>Woodboro, Md.</i> | | |
| | Accident or Suicide? | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

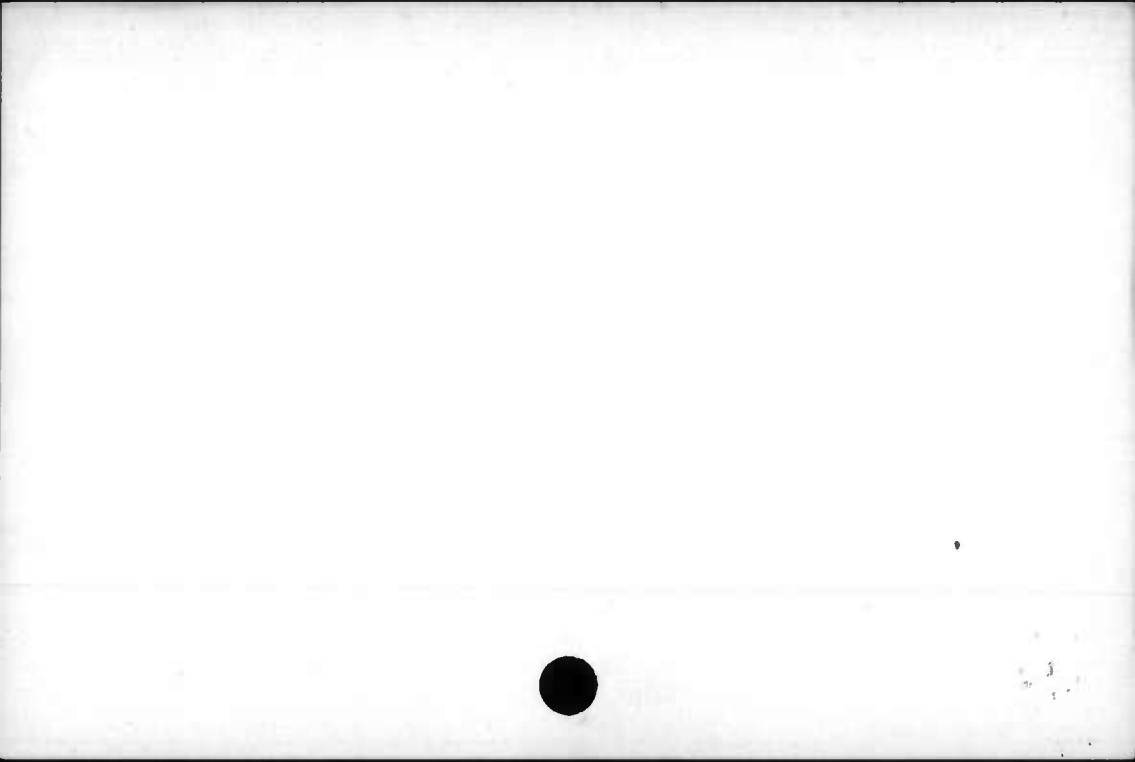
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------------|------------------------|---|---------------|-------------------------------------|------------------|---------------------|
| Died at <i>Woodboro</i> | | County <i>Fredrick</i> | | MARYLAND | | | |
| Date of death | 1907 | Month <i>Feb</i> | Day <i>14</i> | Age <i>86</i> | Years <i>8</i> | Months <i>13</i> | Days |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Pennsylvania</i> |
| Occupation | <i>Farmer</i> | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | <i>Widower</i> | | Name of Wife or Husband <i>Elizabeth Bush</i> | | | | |
| Father's Name | | | | | Father's Birthplace | | |
| Mother's Maiden Name | | | | | Mother's Birthplace | | |
| Name of person giving information | <i>W. H. Kable</i> | | | | How related to deceased <i>None</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|------------------------|---------------------|
| Primary | <i>General Debility</i> | How long | <i>4 weeks</i> |
| Immediate | <i>Heart Failure</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>W. H. Kable</i> |
| | | Address | <i>Woodboro. Md</i> |
| Accident or Suicide? | | | |



| Name in Full | | Austin A. Squakes | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|---------------------|------------|---|-------------------------|----------------------|------------------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Fond du Lac | | County Winnebago | | MARYLAND | |
| | Date of death | 1907 | Month 2 | Day 6 | Age — | Years — | Months 2 |
| | Sex | Male | | Color or Race | White | | Birth-place |
| | Occupation | — | | Where Residing if not at place of death | | Same | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | | — | |
| | Father's Name | Charles A. Squakes | | | | Father's Birthplace | F. Co. Md |
| | Mother's Maiden Name | Dollie V. Wohler | | | | Mother's Birthplace | " " |
| Name of person giving information | Mrs Squakes | | | | How related to deceased | Father | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER ① | Primary | Pneumonia | | | | How long | 2 weeks |
| | Immediate | Exhaustion | | | | How long | 2 days |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | J. M. Guadagnoli |
| | Accident or Suicide? | | — | | Address | | 34 N. Market St Greenwich, Conn |

Mr Goodman

Do Thomas

Mt Olivet Feb 8.

Name
in
Full

Zacie D. Strasburg

CERTIFICATE OF DEATH

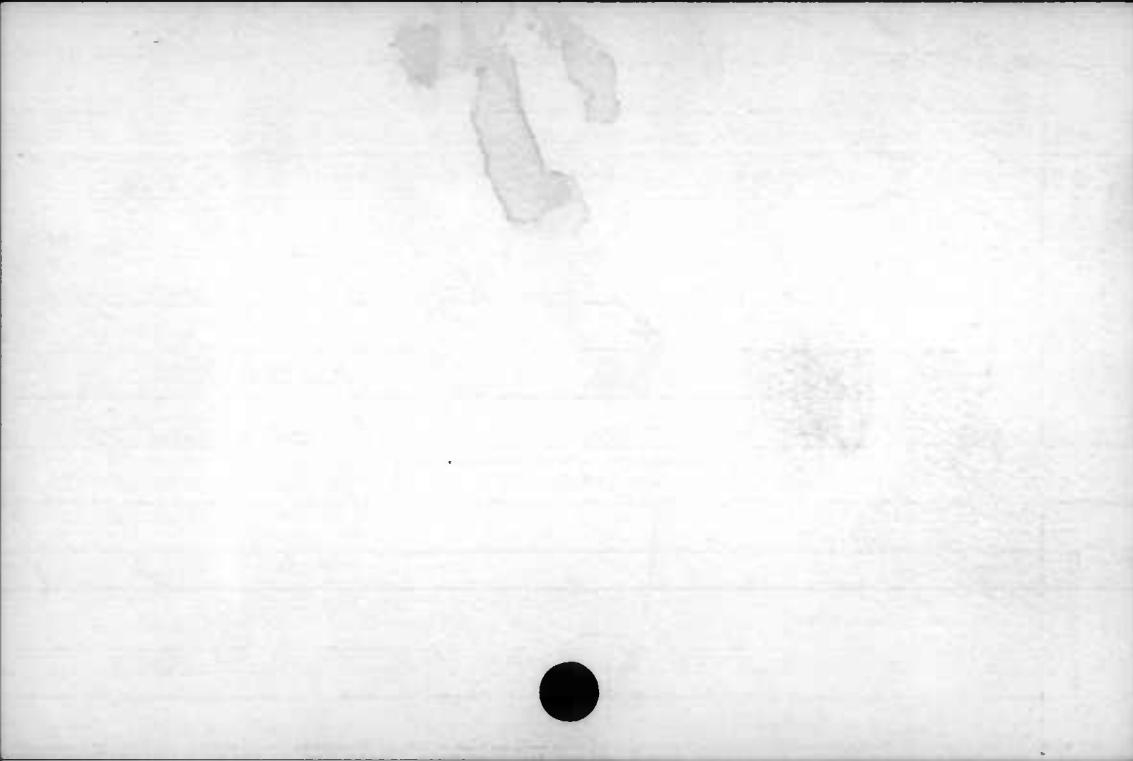
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-----------------------|--|-------------------------|--|----------|--|
| Died at | | Johnsville | | Frederick | | MARYLAND | |
| Date of death 1907 | | Feb'y | | Day 20 | | Years 61 | |
| Sex Female | | Color or Race White | | Birth-place Maryland | | Months 3 | |
| Married, Single or Widowed | | Occupation | | Housewife | | | |
| Name of Wife Husband | | Charles W. Strasburg | | | | | |
| Father's Name | | Reuben H. Engle | | Father's Birthplace | | Maryland | |
| Mother's Maiden Name | | Catherine Stitley | | Mother's Birthplace | | Maryland | |
| Name of person giving information | | Mrs Gertrude Whitmore | | How related to deceased | | Daughter | |

CAUSES OF DEATH

| | | | |
|--|-------------------|---------------|----------------|
| Primary | Diabetes Mellitus | How long | about 17 years |
| Immediate | Diabetic Coma | How long | 84 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | F. H. Sidwell | |
| Address | | Johnsville | |
| Accident or Suicide? | | No. | |

PHYSICIAN
OR CORONER



Name
in
Full

Edward L. Stup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|---|-----------------------|-----------------------------|--------|-----------------|----------|--|
| Died at <i>Rocky Springs</i> | | Town <i>Frederick</i> | | County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>2</i> | Day <i>21</i> | Age <i>73</i> | Years | Months <i>9</i> | Days | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>F. Co Md</i> | | | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death <i>Same</i> | | | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Victoria Wickham</i> | | | | | | |
| Father's Name <i>Joseph Stup</i> | Father's Birthplace <i>— Md</i> | | | | | | |
| Mother's Maiden Name <i>Ann Horick</i> | Mother's Birthplace <i>"</i> | | | | | | |
| Name of person giving information <i>E. L. Stup</i> | How related to deceased <i>Son</i> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pneumonia</i> | How long <i>Six days</i> |
| Immediate <i>Asthma & Apnoea</i> | How long <i>Two days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>S. J. Hoff</i> |
| | Address <i>Frederick, Md.</i> |
| Accident or Suicide? <i>—</i> | |

Dr. Haffner

Mr. Miller

Burial at Mt. Olivet.

Feb 23

Rice

Name
in
Full

CERTIFICATE OF DEATH

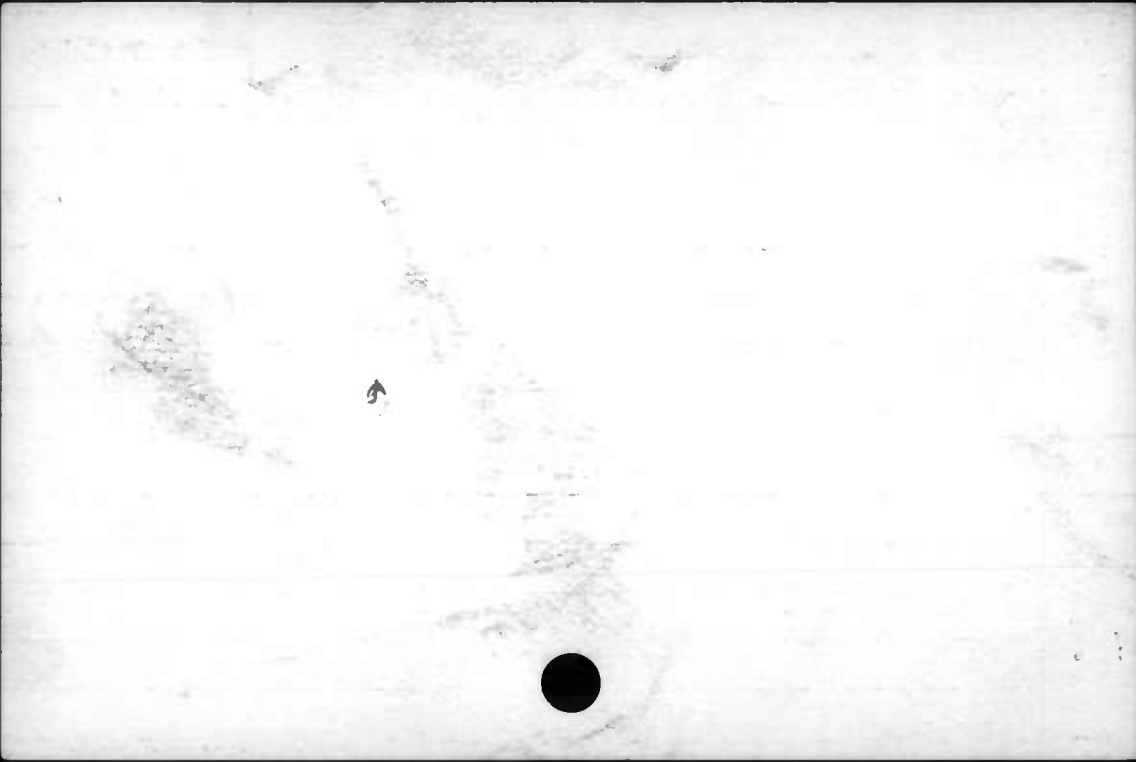
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|---|--|-----------------------------------|--|---|--|-----------------------------------|--|---|--|--|--|
| Name in Full <i>John L Sullivan</i> | | Town <i>Brunswick</i> | | County <i>Frederick</i> | | MARYLAND | | | | | | | | | |
| Died at | | Date of death <i>1907</i> | | Month <i>Feb</i> | | Day <i>19</i> | | Years <i>7</i> | | Months <i>1</i> | | Days <i>15</i> | | | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Ind</i> | | Occupation <i>home</i> | | Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | Father's Name <i>Thomas Sullivan</i> | | Father's Birthplace <i>Ind</i> | | Mother's Maiden Name <i>Ella Louch</i> | | Mother's Birthplace <i>Ind</i> | | Name of person giving Information <i>Thomas Sullivan</i> | | How related to deceased <i>Father</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|--|----------------|
| Primary | <i>La Grippe</i> | How long | <i>10 days</i> |
| Immediate | <i>Meningitis</i> | How long | <i>4 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>A. H. Horne</i> | |
| | | Address <i>Brunswick Maryland</i> | |
| Accident or Suicide? <i>No</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

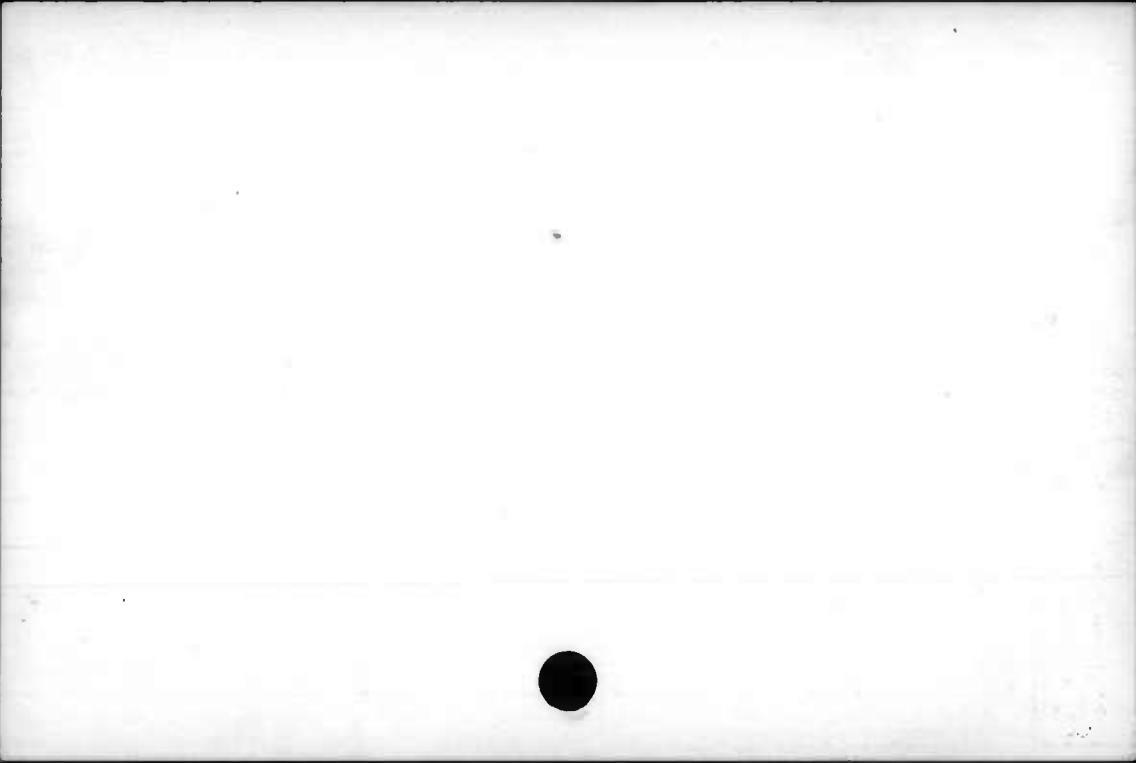
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-----------------------------|-----------------------------|---------------------------------------|------------------|----------------|
| Died at <i>Harmony</i> Town | | <i>Fredricks</i> County | | MARYLAND | |
| Date of death 190 <i>7</i> | Month <i>2nd</i> | Day <i>20th</i> | Age <i>24</i> Years | Months <i>10</i> | Days <i>19</i> |
| Sex <i>female</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Housewife</i> | | | |
| Name of Wife or Husband <i>Jacob Summers</i> | | | | | |
| Father's Name <i>John Brown</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Hannah Shepley</i> | | | Mother's Birthplace <i>Maryland</i> | | |
| Name of person giving information <i>John Brown</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <i>Misgering</i> | How long <i>2 days</i> |
| Immediate <i>Septicemia</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Ralph Brown</i> |
| | Address <i>Myersville, Md.</i> |
| Accident or Suicide? <input type="checkbox"/> | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Anna Elizabeth Swan*

Died at *Point of Rocks, Fredk*

Date of death *1907* *2* Month *9* Day *94* Years Age *8* Months *23* Days

Sex *Female* Color or Race *Colored* Birth-place

Occupation Where Residing if not at place of death

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Jane Whalen* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *old age* How long

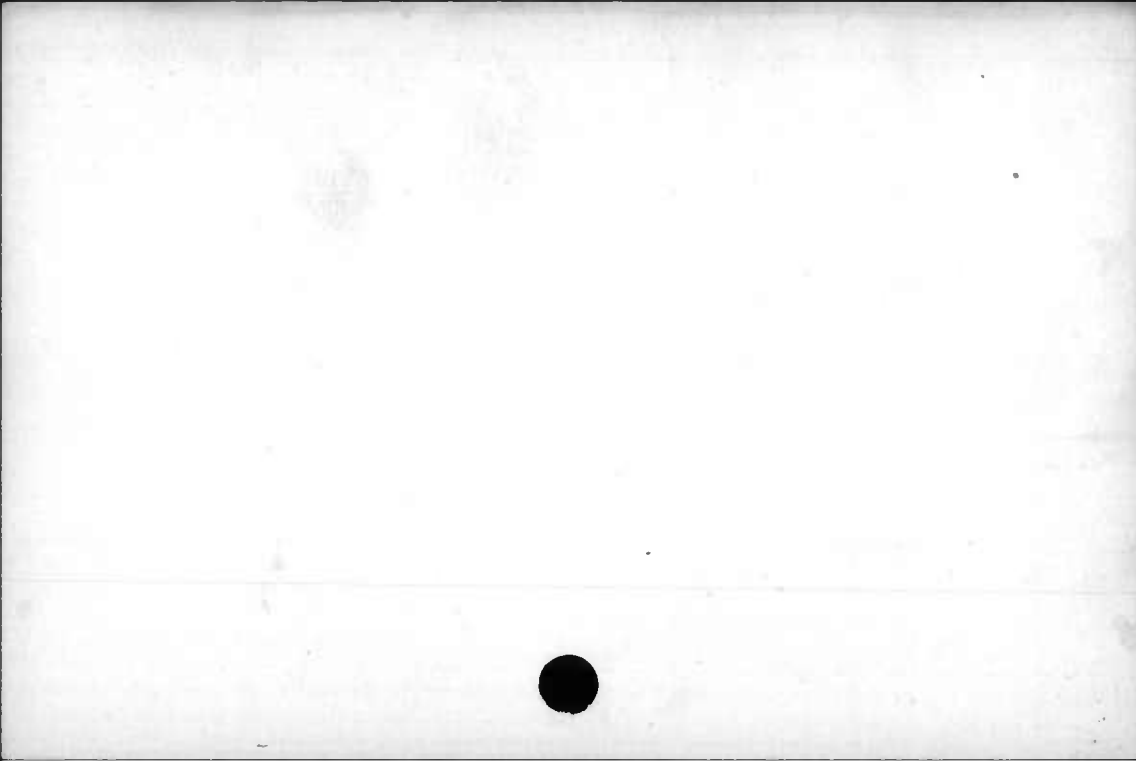
Immediate *apoplexy* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. W. Zaphell M.D.*

Address *Point of Rocks*

Accident or Suicide?



Name
in
Full

Thomas Blackford Sweeney

CERTIFICATE OF DEATH

Died at ^{Town} Patuxent Furnace^{County} Fredk

MARYLAND

Date of death 1907

Month

Feb

Day

23

Years

74

Age

Months

7

Days

3

Sex Male

Color or
Race

White

Birth-
place

Thurmont

Occupation

Carpenter

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah

Livia

Father's
Name

Israel Sweeney

Father's
Birthplace

Fred County

Mother's
Maiden Name

Ann M. White

Mother's
Birthplace

Maryland

Name of person giving
In formation

Sarah Sweeney

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Lagrippe

How long

Two weeks

Immediate

Paralysis

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. S. Young

Braggertown

Fredk Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

William Tasker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|--|-----------------------|---------------------------------|-------------------------|-----------------------------|---|-------------------------|--------------------|--------|---|------|---|
| Died at ^{Town} <i>Herbana</i> | | ^{County} <i>Fredk.</i> | | MARYLAND | | | | | | | |
| Date of death | 1907 | Month | 2 | Day | 1 | Years | 80 | Months | 4 | Days | 7 |
| Sex | <i>Male</i> | | Color or Race | <i>Black</i> | | Birth-place | <i>Fredk Co Md</i> | | | | |
| Occupation | <i>Farmer</i> | | | | Where Residing if not at place of death | | <i>Same</i> | | | | |
| Married, Single or Widowed | <i>Married</i> | | Name of Wife or Husband | <i>Caroline Dorsey Ward</i> | | | | | | | |
| Father's Name | <i>William Tasker</i> | | | | | Father's Birthplace | <i>Md</i> | | | | |
| Mother's Maiden Name | _____ | | | | | Mother's Birthplace | _____ | | | | |
| Name of person giving information | <i>Mrs Tasker</i> | | | | | How related to deceased | <i>Widow</i> | | | | |

CAUSES OF DEATH

| | | | |
|-----------|----------------------|----------|---------------|
| Primary | <i>Heart disease</i> | How long | <i>Months</i> |
| Immediate | _____ | How long | _____ |

PHYSICIAN
OR
CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

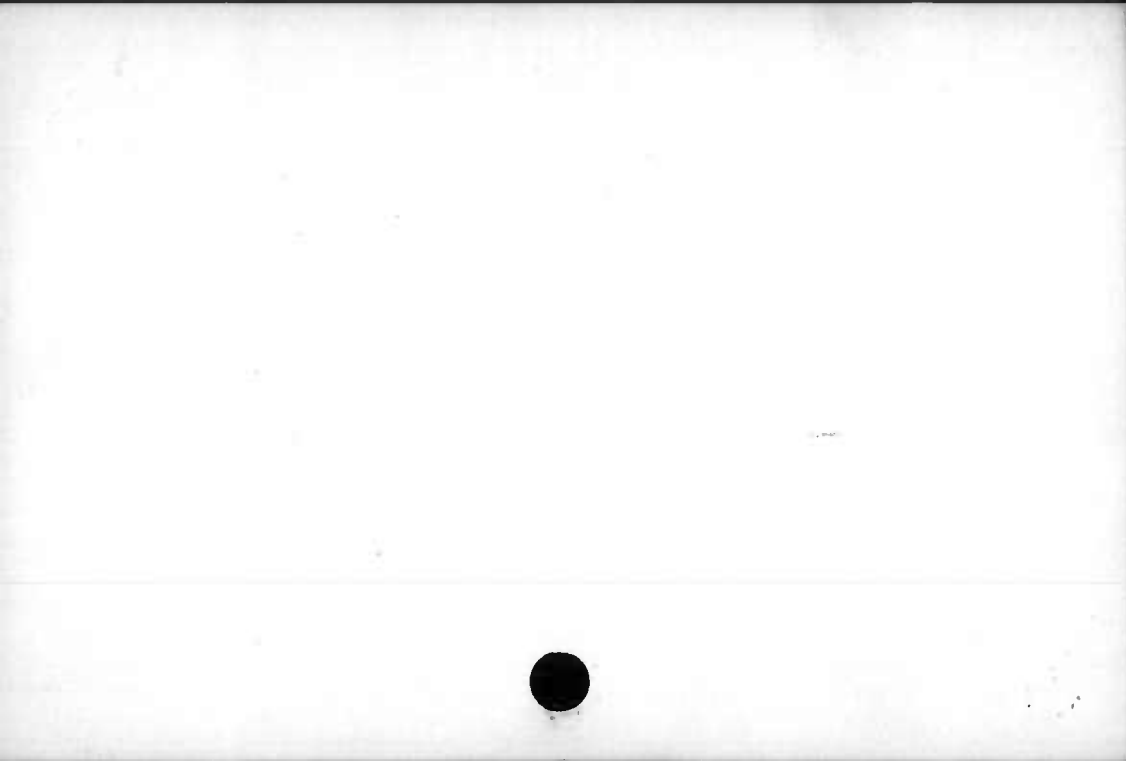
Signature of Physician

E. C. Mullins

Address

Herbana

Accident or Suicide?



Name
in
Full

Anne, B. Thomas

CERTIFICATE OF DEATH

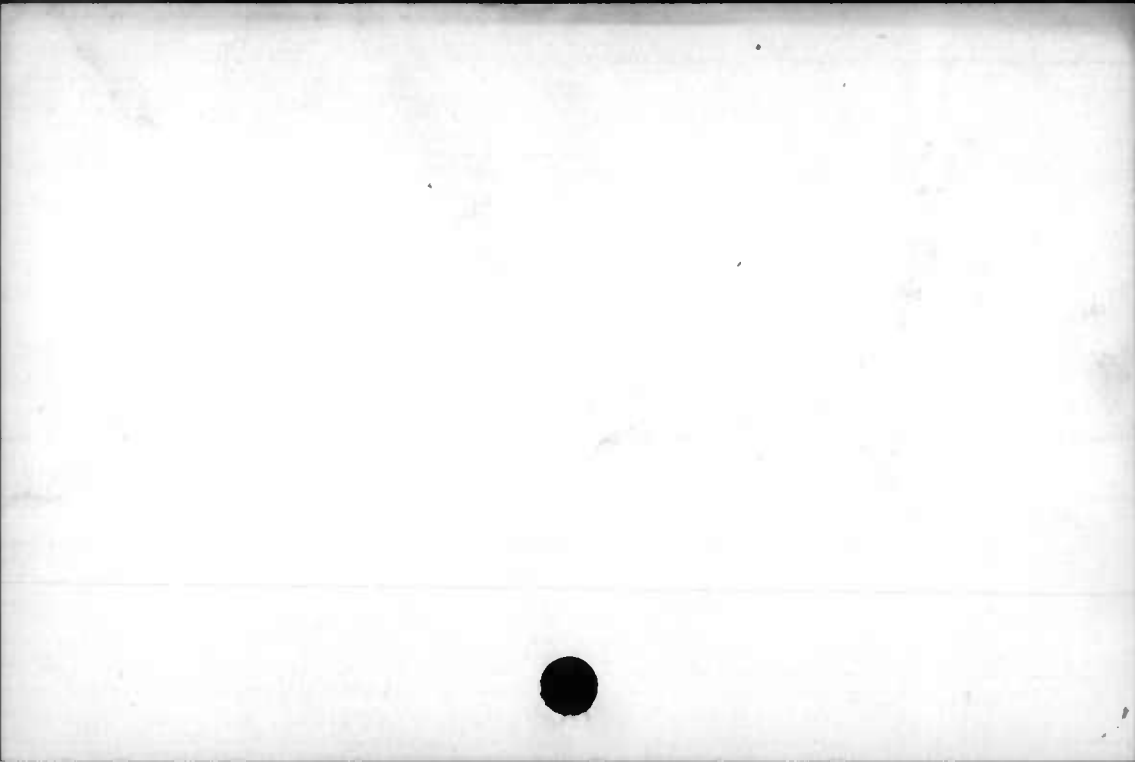
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|---------------------------|-------------------|---|---------------------|------------------------------------|-------------|------------|
| Died at | | Town Jefferson | | County Frederick | | MARYLAND | |
| Date of death | 1907 | Month Feb | Day 24 | Age 64 | Years | Months 1 | Days 20 |
| Sex Female | Color or Race White | | Birth- place | | | | |
| Occupation Housewife | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Married | | | Name of Wife or Husband M ^c Lee Thomas | | | | |
| Father's Name | | | | | Father's Birthplace | | |
| Mother's Maiden Name | | | | | Mother's Birthplace | | |
| Name of person giving In formation E. A. G. Lakin | | | | | How related to deceased none | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary | How long 92 |
| Immediate Pneumonia | How long 10 days |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician D ^r H. Boteler Evans |
| | Address Jefferson Frederick Maryland |
| Accident or Suicide? | |



Name
In
Full

Florence Theresa Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-----------------------|------------------------------------|---|-------------------------|---------------|
| Died at ^{Town} <i>Braddock</i> | | ^{County} <i>Fredonian</i> | | MARYLAND | |
| Date of death | 1907 | Month | <i>Feb</i> | Day | <i>8</i> |
| Age | <i>10</i> | Years | | Months | <i>4</i> |
| Sex | <i>Female</i> | Color or Race | <i>Colored</i> | Birth-place | <i>Md</i> |
| Occupation | <i></i> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <i></i> | | Name of Wife or Husband | | |
| Father's Name | <i>Frank Thomas</i> | | | Father's Birthplace | <i>Md</i> |
| Mother's Maiden Name | <i>Eugenia Taylor</i> | | | Mother's Birthplace | <i>Md</i> |
| Name of person giving information | <i>Frank Thomas</i> | | | How related to deceased | <i>Sister</i> |

CAUSES OF DEATH

Primary

Pneumonia

How long

Several days

Immediate

Cordiac Asthenia

How long

Several hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

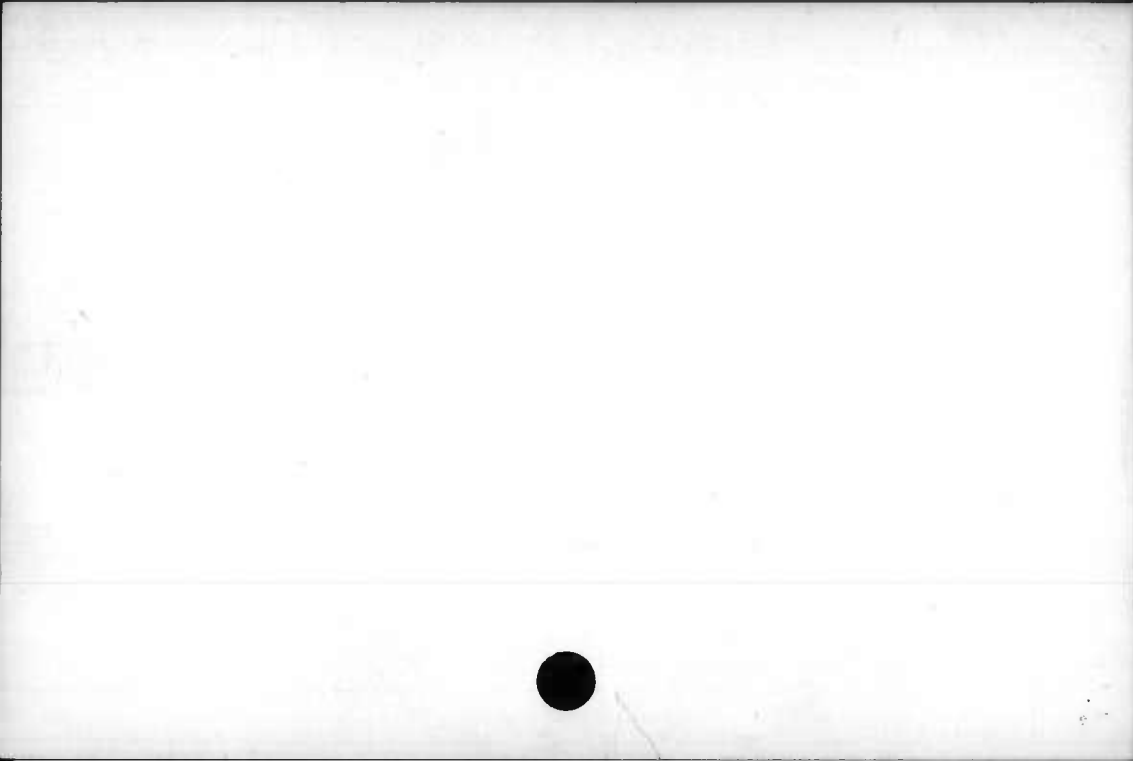
D. W. G. Bourne

Address

Fredonia Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Frank Tobery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|------|-----------------------------------|---|------------|-------|
| Died at <i>Pearl</i> ^{Town} | | <i>Fredrick</i> ^{County} | | MARYLAND | |
| Date of death | 1907 | Month | 2 | Day | 2 |
| Age | 2 | Years | 2 | Months | 5 |
| Sex | Male | Color or Race | White | Birthplace | Pearl |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------------|------------------------|-----------------|
| Primary | <i>acute Congestion of Lungs</i> | How long | <i>24 hours</i> |
| Immediate | <i>Convulsions</i> | How long | <i>2 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | <i>Frank Hodge</i> | |
| | | Address | |
| | | <i>Fredricks</i> | |
| Accident or Suicide? | | | |

Leahy

2-4-07

Peart

Name
in
Full

Louisa Wächter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|-----------------------------------|--|-----------------|-------|---|--------|---------------------|----------|-------------|
| Died at | | | Town | | County | | MARYLAND | |
| Date of death | | 1907 | Month | 2 | Day | 6 | Age | 78 |
| Sex | | Female | | Color or Race | | white | | Birth-place |
| Occupation | | H.W. | | Where Residing if not at place of death | | x | | Months |
| Married, Single or Widowed | | Name of Husband | | Isaac Wächter | | Father's Birthplace | | md |
| Father's Name | | Basel Buckley | | Mother's Maiden Name | | Susan Norris | | md |
| Name of person giving information | | Edward Buckley | | How related to deceased | | Brother | | |

CAUSES OF DEATH

| | | | |
|--|-----------------|------------------------|---------|
| Primary | Labur Pneumonia | How long | 10 days |
| Immediate | Exhaustion | How long | 3 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | Chas. F. Gordon md | |
| No | | Address | |
| | | Frederick md | |
| Accident or Suicide? | | | |

PHYSICIAN
OR
CORONER

F. Schroder

Feb. 7/07

New London

Name
in
Full

Lea Waters

No. 4

CERTIFICATE OF DEATH

Died at ^{Town} New Market^{County} Frederick

MARYLAND

Date of death 1907

Month Feb.

Day 5

Age 88

Years 88

Months

Days

Sex Female

Color or Race

white

Birth-place

Maryland

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed married

Name of Wife or Husband

Nathanial M. Waters

Father's Name

Benjamin Maynard

Father's Birthplace

Linganore

Mother's Maiden Name

Eliza Clagett

Mother's Birthplace

Maryland

Name of person giving information

Nathanial M. Waters

How related to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 1/2 years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. N. Hopkins M. D.

Address

New Market

Accident or Suicide?

no

Maryland

LIBRARY BUREAU 488616

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



| Name in Full | | Town | | | | County | | | | MAYLAND | | | |
|--|--|---|--|-------------------------|--|--------------------------|--|------------------------|--|-------------------|--|---------|--|
| John Welty | | Fredericks | | | | Fredericks | | | | | | | |
| Date of death | | 1907 | | Month 2 | | Day 17 | | Age 88 | | Months 9 | | Days 22 | |
| Sex Male | | Color or Race White | | Birth-place | | Fredericks Md | | | | | | | |
| Occupation Farmer | | Where Residing if not at place of death | | Same | | | | | | | | | |
| Married, Single or Widowed Widower | | Name of Wife or Husband | | Mary Geasey | | | | | | | | | |
| Father's Name | | Barney Welty | | Father's Birthplace | | Germany | | | | | | | |
| Mother's Maiden Name | | Unknown | | Mother's Birthplace | | " | | | | | | | |
| Name of person giving information | | J. H. Welty | | How related to deceased | | Son | | | | | | | |
| CAUSES OF DEATH | | | | | | | | | | | | | |
| Primary | | General Atrophy - | | | | | | How long | | 8 mos | | | |
| Immediate | | Athermia | | | | | | How long | | 7 or 8 days | | | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | | | | | Signature of Physician | | W. H. Fahney M.D. | | | |
| Address | | Fredericks Md | | | | | | | | | | | |
| Accident or Suicide? | | — | | | | | | | | | | | |

Dr Harry Fahnestock

Burial "Feb" 19"

at Rocky Ridge

T. P. Rice

Name
in
Full

Howard Gentry

CERTIFICATE OF DEATH

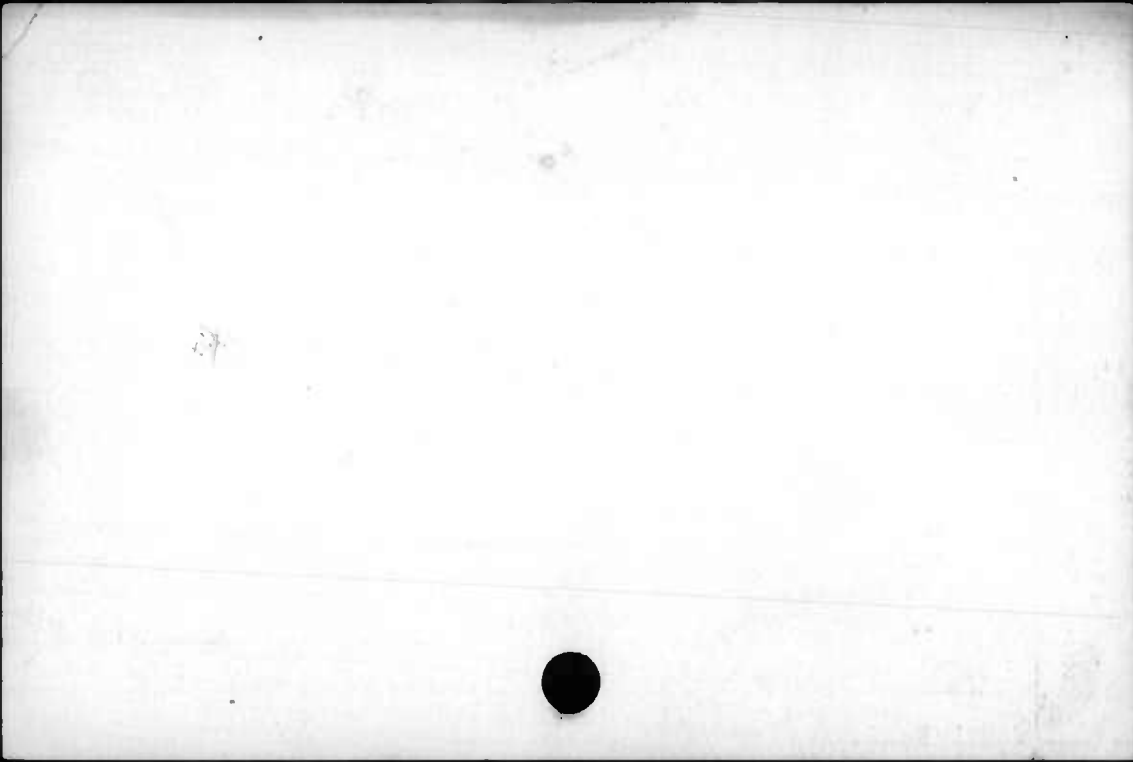
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|----------------------------|---------------|---|-------|-----------------|---------------|
| Died at <i>near Thurmont</i> | | Town <i>Thurmont</i> | | County <i>Fredrick</i> | | MARYLAND | |
| Date of death <i>1907</i> | | Month <i>Feb</i> | Day <i>20</i> | Age <i>5</i> | Years | Months <i>8</i> | Days <i>8</i> |
| Sex <i>male</i> | | Color or Race <i>White</i> | | Birthplace <i>Thurmont, Md</i> | | | |
| Occupation <i></i> | | | | Where Residing if not at place of death <i></i> | | | |
| Married, Single or Widowed <i></i> | | | | Name of Wife or Husband <i></i> | | | |
| Father's Name <i>David G. Gentry</i> | | | | Father's Birthplace <i>Thurmont, Md</i> | | | |
| Mother's Maiden Name <i>Annie Belle Martin</i> | | | | Mother's Birthplace <i>Thurmont, Md</i> | | | |
| Name of person giving information <i>D-G-Gentry</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>La Grippe & Nephritis</i> | How long <i>10 weeks;</i> |
| Immediate <i>Uremic Convulsions</i> | How long <i>4 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes,</i> | Signature of Physician <i>E. C. McFawcett</i> |
| | Address <i>Thurmont, Maryland.</i> |
| <input checked="" type="checkbox"/> Accident or Suicide? | |



Name
in
Full

Mrs. Catharine L. Zimmerman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|--------------|-------------------|---|--|----|----------------------------|----------------|
| Died at | | Town Woodsboro | | County Franklin | | MARYLAND | |
| Date of death | 1907 | Month Feb | Day 11 | Age Years | 63 | Months | 2 |
| | | | | | | Days | 27 |
| Sex | Female | | Color or Race | White | | Birth- place | Oriskany, N.Y. |
| Occupation | None | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband Daniel P. Zimmerman | | | | |
| Father's Name | | | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | |
| Name of person giving information | Elmer Powell | | | | | How related to deceased | W. Mahan |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|--------------------------|--|---------------------------|------------------|
| Primary | La-Grippe | | How long | about 2 wks. |
| Immediate | Congestion of Lungs etc. | | How long | about 2 wks. |
| Are the name, age, sex, color, date and place correctly given above? | Yes | | Signature of Physician | R. L. Hammond |
| | | | Address | Woodsboro Md. |
| Accident or Suicide? | No. | | | |

